



STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

RICA LEWIS-PAYTON
EXECUTIVE DIRECTOR

November 8, 2002

Mr. Mike Fiore
Centers for Medicare and Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard
Room S2-01-16
Baltimore, MD 21244-1850

Dear Mr. Fiore:

Enclosed please find our application for the 1915(b)(4) Initial Selective Contracting Waiver Program for our non-emergency transportation program. Our application includes program cost savings through the use of 1) specialized transportation services available from public transit providers, 2) an application process for NET services, and 3) a broker model of service provision. Specifically:

- 1) The NET program will work with two public transit systems in Mississippi which offer specialized transit services for disabled persons and persons who use dialysis services. Use of these services is scheduled to begin January 1, 2003. One of the two transit providers has requested additional vehicles for this service. The delivery date of these vehicles will impact the savings realized by the NET program during Calendar Year 2003.
- 2) The NET program will implement an application process for NET services whereby beneficiaries requesting transportation assistance will complete an application for NET services. This process will document the need by the beneficiaries for NET assistance and advise them of the NET program's policies and procedures. It will also convey to them the importance of using the program only as a last resort. This process should reduce unnecessary and inappropriate utilization of the program, thereby reducing costs. This process is scheduled for implementation in January 2004, during the second year of the waiver period, pending timely completion of necessary MMIS/NET system modifications.
- 3) The Mississippi Medicaid NET program has operated under a broker model for some time, claiming the administrative match rate for the program because beneficiaries do not have freedom of choice with regard to transportation providers. This model allows the Mississippi Division of Medicaid to control program utilization and costs.

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Projected cost savings have been included in the waiver application for Items 1 and 2 above, **as** these changes will occur **during** the waiver period. Savings projections have not been included for Item **3** since the **program** is already operating under a broker model.

We welcome the opportunity to discuss our waiver application with you, should you have questions or require additional information. **Please contact** Jan **Larsen** (601.987.3902), Brian Smith (601.987.3908), or Medgar **Austin** (601.987.3935) if we may be of assistance to you.

We look forward to your approval of our waiver application.

Sincerely,



Sharon Reed
Acting Executive Director

SYR/JL/bs

cc: Jan Larsen
Brian Smith
Medgar Austin
Jesse **Spillers**

PROPOSAL FOR A SECTION 1915(b)(4) Initial Selective Contracting Waiver Program (DRAFT)

Waiver Application Form

This streamlined waiver application form, adapted from the Section (b)(1) waiver application by the Dallas Regional Office, is for a State's use in requesting implementation of an initial Section 1915(b)(4) Selective Contracting waiver program.

The State may wish to use this standardized application form to streamline the waiver process and, thus, eliminate unnecessary and cumbersome paperwork requirements. The completion of this request, used in conjunction with State Medicaid Manual instructions at sections 2106-2112, should expedite the State's effort to request a waiver and HCFA's effort to approve the waiver proposal. Where possible, the proposal is in the form of a check-off document. However, the applicant will be required to provide detailed explanations on appendices.

*All waiver requests under Section 1915(b) of the Social Security Act (the Act) are subject to the requirements that the State document the cost effectiveness of the project, its effect on recipient access to services, and its projected impact (42 **CFR** 431.55(b)(2)). This model Section 1915(b)(4) waiver application form will help States provide sufficient documentation for the Secretary to be able to determine whether the statutory and regulatory requirements of Section 1915(b) of the Act have been satisfied.*

The HCFA Regional Office will be glad to meet with the State, set up a conference call, or assist the State in any way to complete the application.

I. INTRODUCTION

On Appendix I, please provide a short narrative description, in one page or less, of your program, the background to your program and any other information relating to your request for a Medicaid waiver.

II. GENERAL DESCRIPTION OF THE WAIVER PROGRAM

A. The State of Mississippi requests a waiver under the authority of Section 1915(b)(4) of the Social Security Act (the Act). The waiver program will be operated directly by the Medicaid agency.

B. Effective Dates: This waiver is requested for a period of 2 years; effective January 1, 2003 and ending December 31, 2004.

C. The waiver program is called Mississippi Medicaid Non-emergency Transportation (NET) Waiver.

D. Geographical Areas of the Waiver Program:

The waiver will be implemented in the following areas of the State:

(1) x Statewide

(2) Other-than-Statewide (Cities and Counties are Listed on Appendix II.D.(2))

(Note: if the State wishes to alter the waiver area at any time during the waiver period, an official waiver modification must be submitted to HCFA.)

E. State Contact: The State contact person for this waiver is Jan Larsen and can be reached by telephone at 601.987.3902.

F. Statutory Authority: The State's waiver program is authorized under **Section 1915(b)(4) of the Act** under which the State restricts the provider from or through whom a recipient can obtain medical care.

G. Relying upon the authority of the above section(s), the State would like a waiver of the following Sections of 1902 of the Act:

1. **Section 1902(a)(1)** - Statewide - This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver

program **is** not available throughout the State. (See Appendix II. D.(2))

2. ☐ **Section 1902(a)(10)(B)** - Comparability of Services-
-This section of the Act requires all services for categorically needy individuals to be equal in amount, duration, and scope. This waiver program includes additional benefits such as case management and health education that will not be available to other Medicaid recipients not enrolled in the waiver program.
3. ☒ **Section 1902(a)(23)** - Freedom of Choice-This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted. That *is*, individuals in this waiver are constrained to receive waiver services from selected providers.
4. ☒ **Other Statutes Waived** - In Appendix II.G.4, please list any additional section(s) of the Act the State requests to waive, including an explanation of the request.

H. Recipient Figures: Please indicate the expected number of Medicaid recipients that **will** be impacted by the waiver: 27,000 - 29,000 beneficiaries

I. Waiver Populations: The waiver is limited to the following target groups of recipients. Check all items that apply:

1. ☐ **AFDC** - Aid to Families with Dependent Children.
2. ☐ **AFDC-Related**
3. ☐ **SSI** - Supplemental Security Income and SSI-related.
4. ☒ **Other** - Please describe these other populations on Appendix II. 1.4.

J. Excluded Populations: The following recipients are excluded

from participation in the waiver:

1. ☐ have Medicare coverage, except for purposes of Medicaid-only services;
2. ☐ have other insurance;
3. ☒ are residing in a nursing facility or an Intermediate Care Facility for the Mentally Retarded (ICF/MR);
Except for residents on dialysis
4. ☐ have an eligibility period that is **less** than 3 months;
5. ☐ have an eligibility period that **is** only retroactive;
6. ☐ are eligible as medically needy;
7. ☐ are eligible **as** foster care children;
8. ☐ participate in a home and community-based waiver; or
9. ☒ have other reasons which may exempt recipients from participating under the waiver program. Please explain those reasons on Appendix II.J.9.

K. Distance/Travel Times: On Appendix II. **K.**, please define your access standards for distance/travel times for recipients to receive services.

Independent Assessment: The State will arrange for an Independent Assessment of the cost-effectiveness of the waiver and its impact on recipient access to care of adequate quality. **This assessment is to be submitted to HCFA 6 months prior to the end of the waiver period.** Entities that may perform the assessment include universities, actuaries, etc. Examples of independent assessments are available upon request.

The Division of Medicaid will arrange for an independent assessment of the cost saving measures to be implemented for the **NET** program under this waiver. The agency will consider utilizing the **services** of state institutions of higher learning as well **as** other qualified reviewers. Factors to be considered will be cost, qualifications of available consultants, etc.

- M. Automated Data Processing:** Federal approval of this waiver request does not obviate the need for the State to comply with the Federal automated data processing systems approval requirements described in 42 CFR Part 433, Subpart C; 45 CFR Part 95, Subpart F, and Part 11 of the State Medicaid Manual.

III. PROGRAM IMPACT:

In this section, please provide information on (1) affected recipients, (2) services, and (3) waiver providers.

A. Affected Recipients

7. **Notification Process:** On Appendix III. A.1, please explain in detail the process through which recipients will be notified of the waiver program provisions.
2. **Recipient's Choice of Providers.** If more than **one** provider is selected per geographical area, please address the following points on Appendix III. A. 2:
 - (a) Will recipients be given the choice of selected providers? If **so**, **how** will they select a provider, and how will the provider be informed of the recipient's choice?
 - (b) **How** will beneficiaries be counseled in their choice of waiver providers?
 - (c) How will the recipient notify the State of provider choice?
 - (d) Define the time frames for recipients to choose a waiver provider.
 - (e) Will the recipients be auto-assigned to a waiver provider if they **do** not choose?
Yes _____ No _____
 - (i) If **so**, how many **days** will they have to choose?
 - (ii) Describe the auto-assignment process and/or algorithm.

3. **Implementation Process**

(a) Will implementation occur all at once?

☐ Yes

☒ No. please describe on Appendix III. A.3.(a) the time frames for implementation, including time frames for inclusion of current Medicaid recipients.

(b) Will there be accommodations for special-needs populations such as the disabled, etc.?

NA

☒ Yes. Please explain on Appendix III. A.3.(b).

☐ No

4. **Education Materials:** Please include on Appendix III. A.4 all relevant recipient education materials, including the **Initial notification letter** from the State. Also, check the items which will be provided to the recipients:

a. ☒ a **brochure** explaining the program

b. ☐ if more than one provider is selected per geographical area, a **form** for selection of a provider

c. ☐ if more than one provider is selected per geographical area, a **list of qualified providers** serving the recipient's geographical area;

d. ☐ a **new Medicaid card** which includes the provider's name and telephone number **or** a **sticker** noting the provider's name and telephone number to be attached to the original Medicaid card (please specify which method);

e. ☐ a **brief presentation and informing materials** to each new recipient describing how to appropriately access services under the waiver

program, including the appropriate usage of emergency rooms and family planning services, and how to exercise due process rights; and

- f. X other items (please explain on Appendix III. A. 4.f.):

5. **Languages.** The State has made a concerted effort to determine if and where significant numbers (10% or more) of non-**English** speaking recipients reside, and has subsequently made the program educational materials available in the native languages of those groups.

B. Services;

1. **Description of Services:**

Please identify the Medicaid services which will be affected by the selective contracting process:

non-emergency transportation services

If additional space is needed, please create an Appendix III. B. 1.

2. **Emergency and Family Planning:** In accordance with regulations, freedom of choice of provider in cases of emergency and family planning services will not be restricted.

C. Selection and Availability of Providers

1. **Selection Criteria:** On Appendix C. 1, please describe the provider selection process, including the criteria used to select the providers under the waiver. These include quality and performance standards that the providers must meet. Included are the approximate weight associated with each of the criteria.

2. **Numbers and Types of Qualifying Providers:** For each of the services covered by the selective contracting waiver, please list on the chart below the numbers of Medicaid

providers available to provide services to the waiver population. The chart also compares the number of providers expected under the waiver with what existed prior to the waiver.

For non-institutional services provided by an "entity" (i.e. versus an independent practitioner), please provide information on Appendix III. C. 2. as to the numbers of actual care givers per entity that will be available to provide the waiver service(s).

SERVICE: Non-emergency Transportation

Provider Types	No. Providers Before Waiver	No. Providers Expected Under Waiver
1. Group NET providers	19	19
2. Individual NET providers	varies; 1585 currently enrolled, but as volunteers, all may not choose to transport: 928 received payment for transports in FY 2002	We implemented a policy in June 02 disallowing individual providers from transporting their family members. This will affect the number of active individual transporters. We estimate the number of active individual providers during the waiver period to be between 650 and 750.

3. Program Requirements. Below is a description of provider qualifications and requirements under the waiver. Providers must:

- a. **be Medicaid qualified providers** and agree to comply with all pertinent Medicaid regulations and State plan standards regarding access to care and quality of service and meet general qualifications for enrollment as a Medicaid provider;
- b. **not refuse to provide services** to a waiver participant or otherwise discriminate against a participant solely on the basis of age, **sex**, race, physical or mental handicap, national origin, or type of illness or condition, except when that illness or condition can be better treated by another provider type; and
- c. x **other qualifications (explain on Appendix III. C. 3. c):**

4. Provider/ Beneficiary Ratio: Please **calculate and list below** the expected average provider/beneficiary ratio for each geographical area **or** county of the **program**, and **then** provide a statewide average.

Adams	1:27	Forrest	1:26	Kemper	1:10	Noxubee	1:36
Alcorn	1:11	Franklin	1:8	Lafayette	1:19	Oktibbeha	1:11
Amite	1:15	George	1:39	Lamar	1:39	Panola	1:30
Attala	1:19	Greene	1:34	Lauderdale	1:21	Pearl River	1:28
Benton	1:19	Grenada	1:39	Lawrence	1:18	Perry	1:30
Bolivar	1:270	Hancock	1:102	Leake	1:22	Pike	1:21
Calhoun	1:10	Harrison	1:188	Lee	1:19	Pontotoc	1:14
Carroll	1:12	Hinds	1:57	LeFlore	1:33	Prentiss	1:17
Chickasaw	1:24	Holmes	1:63	Lincoln	1:15	Quitman	1:29
Choctaw	1:11	Humphreys	1:76	Lowndes	1:16	Rankin	1:63
Claiborne	1:132	Issaquena	1:32	Madison	1:46	Scott	1:48
Clarke	1:7	Itawamba	1:13	Marion	1:19	Sharkey	1:91
Clay	1:27	Jackson	1:78	Marshall	1:64	Simpson	1:14
Coahoma	1:83	Jasper	1:12	Monroe	1:14	Smith	1:11
Copiah	1:66	Jefferson	1:25	Montgomery	1:60	Stone	1:51
		Jefferson					
Covington	1:20	Davis	1:14	Neshoba	1:22	Sunflower	1:68
Desoto	1:86	Jones	1:26	Newton	1:11	Tallahatchie	1:35

Fate	1:23
Tippah	1:13
Tishomingo	1:9
Tunica	1:299
Union	1:10
Walthall	1:12
Warren	1:81
Washington	1:100
Wayne	1:35
Webster	1:11
Wilkinson	1:15
Winston	1:17
Yalobusha	1:14
Yazoo	1:162

Statewide Average 1:43

Note: These ratios are **based** on numbers of providers to Medicaid beneficiaries in each county who have utilized the NET program rather than the number of Medicaid eligibles in each county. **Also, these** ratios include the individual **and** group NET providers in each county.

5. Change of Provider: Please answer the following questions regarding beneficiary changes of providers and/or actual care givers:

a. Change of Providers:

If there **is** more than one selected provider per geographical area, can the beneficiaries change providers?

☒ **No** Beneficiaries **do** not choose their **NET** providers. The choice of providers **is** made by the NET coordinators.

☐ **Yes.** Please describe on Appendix III. C. 5. a. the process, reasons, etc.

b. Change in Actual Care Givers:

(I) For non-institutional waiver services provided **by** an "entity," can the beneficiaries change their individual care givers within the selected provider?

☒ **No.** Though one primary NET group provider **is** assigned to each of the 32 NET service regions, in some instances, a beneficiary may be assigned to the secondary provider if the NET Coordinator determines that a reason exists to choose another provider. For example, the coordinator may determine that a beneficiary who files a law suit against the primary providers **should** not be transported **by** that provider. **If** the beneficiary has concerns about a driver employed by a NET group provider, the group provider will **be** asked by the NET coordinator to assign another driver. **Also**, if the beneficiary provides a reasonable explanation of a preference to have a female driver rather than a male driver, the NET staff will make arrangements for that beneficiary to be transported by a female driver.

☐ **Yes.** Please describe on Appendix III. C. 5. b. the process, reasons, frequency, etc.

6. Provider's Change of Beneficiary: Please answer the following questions regarding provider changes of beneficiaries:

a. If more than one provider **is** selected per geographical area, can providers request to reassign a beneficiary from their care?

Only one primary group NET provider is assigned to each NET service region. The provider may not refuse to transport a beneficiary unless the request to transport **is** received after the 3:00p.m. "cut-off time" for assignment of transports for the next day. Individual providers offer NET assistance on a voluntary basis and may choose not to transport at any time.

Yes ☐ **No** ☐

If yes, **it is important that reasons for reassignment are not discriminatory in any way toward the patient.** In cases of beneficiary change, the reassignment should be agreed upon by the beneficiary as well. The following **are** acceptable reasons for reassignment. Please check the ones that apply to the State's program and explain those that differ:

- (1)___ patient/provider relationship is not mutually acceptable;
- (2)___ patient's condition or illness would be better treated by another provider type; or
- (3)___ Other reasons (explain on Appendix III. C. 6.a):

b. If the reassignment is approved, the State must notify the beneficiary in a direct and timely manner of the desire to remove the beneficiary from his/her caseload, and must keep the participant as a client until another provider is chosen or assigned. Please specify on Appendix III. C. 6.6. if the State's policy differs in any way from those listed above.

7. Reimbursement of Providers: Under this waiver, providers are reimbursed on the following basis:

☒ fee-for-service

☐ capitated

IV. ACCESS TO CARE AND QUALITY OF SERVICES:

A. General: The beneficiary's access to quality medical services must at a minimum not be adversely affected by a 1915(b)(4) waiver program. A waiver must assure an adequate amount of services during reasonable time periods and within reasonable geographic distance from the residences of the individuals enrolled under the waiver. Furthermore, access to emergency services and family planning services must not be restricted.

6. Grievance Process: On Appendix IV. B., please describe the process that will be in place to handle complaints and grievances under the waiver program. Please discuss how this will compare to the regular Medicaid program. **NOTE: Beneficiaries must have available and be informed of a formal appeals process under 42 CFR Part 431, Subpart E which may lead to a Fair Hearing.** Please fully describe on Appendix IV. B.

C. Monitoring Access:

- 1. Service Access Areas:** On Appendix IV. C. 1, please explain in detail the State's plans to monitor and improve the following areas of service access:

- a. time and distance
- b. waiting times to obtain services
- c. provider-to-beneficiary ratios
- d. beneficiary knowledge of how to appropriately access waiver services
- e. access to emergency services

2. Procedure for Monitoring: *Beneficiary access to care will **be** monitored during the waiver period by the State as indicated below. Records will be maintained to identify lack of access trends and for reporting purposes. Check which monitoring activities will be in effect to assure that beneficiary access to care is not substantially impaired. Also, on Appendix IV. C. 2, identify the means the State will **employ** to intervene to correct problems. If any of the following differ from the State's program, please indicate and explain on Appendix IV. C. 2:*

- a. ☐ **An advisory committee** will be designated during the phase-in period to address beneficiary and provider concerns.
- b. ☒ **A Hotline** with an **800** number will **be** maintained which handles any type of inquiry, complaint, or problem.
- c. ☐ **Periodic comparison** of the numbers of providers available to the Medicaid recipients before and under the waiver will be conducted. The intent of this review is to identify whether the waiver may have reduced access to specific types of providers. **Also**, for non-institutional services, a periodic comparison will be made of the individual care givers within an "entity", where applicable, in order to ensure that the same level of access is maintained throughout the waiver period.
- d. ☒ **Periodic beneficiary surveys** (which will contain questions concerning the beneficiaries' access to all services covered under the waiver) will be mailed to a sample of waiver recipients.
- e. ☒ **Other** (explain on Appendix IV. C. 2. e.)

D. Monitoring Quality of Services: On Appendix IV. D, please explain in detail the State's plans to monitor and assure quality of services under the waiver program. Please describe **how** will the State monitor the following:

1. **Beneficiaries' reasons for changing providers** in order to detect quality of care problems (not **only** actual changes, but requests to change specific individual care givers and/or providers);
2. **Hotline**;
3. **Periodic beneficiary surveys** (which question the quality of services received under the waiver) are mailed to a sample of waiver recipients;
4. **Complaints**, grievance and appeals system;
5. **Other** (explain on Appendix IV.D.5.).

E. Other Quality Monitoring;

1. **Quality of Services** will **be** further monitored through the mechanisms outlined in Appendix IV. E. 1. Quality of services problems identified will result in a desk review or an onsite medical review to resolve the problems.
2. **Periodic reviews:** On Appendix IV. E. 2, please describe what areas will **be** covered in the State's periodic reviews of claims files and medical audits, including the types of care reviewed and how the problems will be resolved. Please include how often these reviews will take place.
3. **State Intervention:** If a problem is identified regarding access to care and quality of services problems, the State will intervene as noted below (please indicate which of the following the State utilizes:
 - (a) x Education and informal mailing
 - (b) x Telephone and/or mail inquiries and follow-up
 - (c) x Request that the provider respond to identified problems
 - (d) x Referral to program staff for further investigation
 - (e) x Warning letters
 - (f) Referral to State's medical staff for investigation
 - (g) x Corrective action plans and follow-up
 - (h) x Change beneficiary's provider
 - (i) Restriction on types of beneficiaries

- (j) ☒ Further limits of the number of assignments
- (k) ☐ Ban on new assignment of beneficiaries
- (l) ☒ Transfer of some or all assignments to a different provider
- (m) ☒ Suspension or termination as a waiver provider
- (n) ☐ Other (explain on Appendix IV. E. 3. n).

V. COST EFFECTIVENESS

A. General: In order to demonstrate cost effectiveness, a waiver request must show that the cost of the waiver program will not exceed what Medicaid's cost would have been in the absence of the waiver. The cost-effectiveness section provides a methodology to demonstrate that the waiver program will be less costly than what costs would be without the waiver.

The State should use its Medicaid fee-for-service experience to develop the cost-effectiveness section of the waiver program. When submitting an initial 1915(b)(4) waiver, the State should estimate the cost of providing the waiver services under the waiver and provide a comparison to the projected cost without the waiver. The costs under the waiver may be estimated based on responses to a request for proposals (RFP) from the potential contractors. The amount of the savings may be estimated based on the discount from the State Plan rates represented by the RFP bids. To project the net savings, the State should add any additional costs associated with administering the waiver, to the projected costs of delivering the waiver services under the waiver. This amount should be compared to the costs of delivering the services without the waiver. All cost comparisons should be made separately for each year of the waiver.

B. Rationale for Expected Cost Savings: On Appendix V. B., please explain the State's rationale for expected cost reductions under the waiver program. Include all assumptions made regarding changes due to inflation, utilization rates, State Plan payment rates, and other factors.

C. Format for Showing Savings Summary
(Include supporting documentation, i.e., charts, spreadsheets, in Appendices V.C.)

7. The following schedule shows the calculation of the State's program benefit costs under the waiver (if these are not applicable to the State's methodology, please attach the calculations).

Cost Saving Category	Benefit Cost expected with the Waiver	Costs expected without the Waiver	Total Benefit Savings
Non-Emergency Transportation	\$25,934,406	\$26,252,022	\$317,616

Cost Saving Category	Benefit Cost expected with the Waiver	Costs expected without the Waiver	Total Benefit Savings
Non-Emergency Transportation	\$26,590,448	\$27,302,225	\$711,777

2. Costs Under the Waiver

a. Total waiver costs are expected to ~~be \$52,524,854~~ during the 2-year waiver period. This includes ~~\$52,503,394~~ in program benefit costs and ~~\$21,460~~ in additional costs (management fees, administrative costs, bonus payments if any, etc.) which would not **have** been incurred had the waiver not been implemented.

3. Additional Waiver Costs

The following additional costs are expected to occur under the waiver:

(a) Total additional administrative costs under the waiver, which would not **be** incurred if the waiver **was** not implemented, are expected to ~~be \$21,460~~.

(b) Additional administrative costs are **broken down as follows and a brief** explanation of each cost item is included on Appendix V. C. 3.(b):

- (1) _____ Contract Administration \$ _____
- (2) _____ Systems Modification \$ _____
- (3) _____ Beneficiary Education, Outreach conducted by State **employees**. \$ _____
- (4) _____ Beneficiary Education, Outreach conducted by contracted entity; \$ _____
- (5) _____ Handling Complaints, Grievances and Appeals \$ _____
- (6) _____ Utilization Review System \$ _____
- (7) _____ Additional Staff \$ _____

- (8) _____ **Hotline** Operation \$ _____
- (9) _____ **Quality Assurance**
Review System \$ _____
- (10) _____ **Outreach, Education** \$ _____
and Enrollment of
Waiver Providers
- (11) X **Other (explain) Cost to**
mail applications with
return postage - 29,000
beneficiaries \$21,460

4. **Costs Without the Waiver**

The State projected what the costs would be without the waiver by first calculating the costs during the fiscal year prior to the waiver period. These base year cost data were then projected forward, adjusting for changes in utilization, characterization of affected beneficiaries, changes in payment rates or methodologies and changes in other State policies, to determine what costs would be without the waiver in effect during the proposed 2-year waiver period. The documentation to demonstrate what costs would be in the absence of the waiver is presented in Appendix V. B.

Exhibit 1.

5. **Program Savings**

The **schedule** below shows how savings were calculated under the waiver:

<i>Year</i>	<i>Cost Reductions Expected Under the Waiver</i>	<i>Minus: Total Additional Waiver costs</i>	<i>Program Savings</i>
2003	\$317,616	\$0	\$317,616
2004	\$733,237	\$21,460	\$711,777
Total	\$1,050,853	\$21,460	\$1,029,393

Appendix I.

The Mississippi Medicaid NET program is designed as an in-house broker model and utilizes individual (volunteer) and group NET transporters (for-profit and not-for-profit companies and organizations) to provide NET assistance to eligible Medicaid beneficiaries. Eligible beneficiaries include those Medicaid eligible persons who require transportation to access covered services from Medicaid enrolled providers and who have no other means of transportation. All transports must be prior approved by Medicaid staff known as NET coordinators who are housed in 24 Medicaid regional offices.

The state is divided into 32 service regions. Each region is served by one primary NET group provider and one secondary NET group provider. Primary providers for each region were selected through a Request for Bids process. (See appendix C.1. for a description of the RFB process). The primary provider is responsible for providing all NET services required for beneficiaries in the service region which are not provided by individual NET providers. The secondary provider is available to provide NET assistance on a temporary basis when the primary provider is unable to provide the requested assistance. For example, the secondary provider may be assigned transports in a region if the primary provider is waiting on newly ordered equipment to arrive. The availability of secondary providers in each region assures accessibility by beneficiaries to medical services.

A beneficiary who requires NET assistance contacts her local NET coordinator for assistance. The NET coordinator verifies the beneficiary's eligibility for assistance and contacts the transportation provider to arrange the requested service. Group NET providers bill electronically for their services. Individual NET providers bill for the transports they provide by submitting their documentation of services provided to the NET coordinators. The NET coordinators review this documentation, and if it is found to be in order, they submit the individual NET providers' claims for payment electronically to the fiscal agent,

The NET program is monitored by several staff in the state NET office who conduct annual on-site compliance and financial reviews of the NET group providers. A report of findings is sent to the provider who must provide a plan of correction to address the findings. The state NET staff also manage a complaint process whereby complaints from any source (beneficiaries, the public, medical providers, etc.) are investigated. Providers must provide a plan of correction for any complaints which are substantiated. A sanction process is also in place to deal with providers who do not correct problems noted during reviews or through the complaint process.

Appendix II.G.4.

Section 1902(a)(4) enables states to utilize brokers in the operation of their NET programs. The Mississippi Division of Medicaid uses an in-house broker model whereby employees of the Division provide broker services to the NET program. All requests for transportation assistance are handled by NET coordinators who are employees of the Division and are housed at the Medicaid regional offices throughout the state. The NET coordinators arrange the transports for eligible beneficiaries, choosing for the beneficiaries the most appropriate providers who will provide the requested transportation services. Claims are paid only for transports which have been prior approved and arranged by the NET coordinators.

The Division of Medicaid plans to implement two changes which should result in a reduction in the cost of the NET program. The Division will utilize public transit services in two of the largest urban areas of the state including Hattiesburg and Jackson. See Appendix V.B. Also, during the second year of the waiver period, the Division will require Medicaid beneficiaries who request NET assistance to complete an application for assistance. (Note: this will occur during the second year if system changes required for this process can be made timely.)

Appendix II.1.4.

The target group for this waiver is any Medicaid beneficiary who ~~is~~ eligible for services through the Medicaid program and who requests **NET** assistance.

Appendix II.J.9.

Beneficiaries excluded from the NET program are those who have transportation assistance and do not need assistance from the NET program. Qualified Medicaid Beneficiaries (QMB's) and Specified Low Income Medicaid Beneficiaries (SLMB's) are **also** excluded.

Appendix II. K.

Beneficiaries may be transported to any Medicaid enrolled provider within their community. A community is defined as a geographic area in which the beneficiary can access needed medical services. The size of a community varies with the concentration of medical providers in the area. For example, a beneficiary who lives in Clarksdale is required to travel a greater distance to access medical care than a beneficiary who resides in Jackson. Therefore, the Clarksdale community will be larger geographically than the Jackson community. A beneficiary **who** requests NET assistance to access medical services outside her community must have a written medical certification from her physician verifying that the needed medical services are not available in the beneficiary's community.

Providers which transport Medicaid beneficiaries must meet the following standards regarding travel time:

- Pick-up time at the beneficiary's residence or designated point of origination, as listed on the transaction summary, shall not be more than forty-five **(45)** minutes prior to the scheduled appointment time plus the time required to travel from her residence or designated point of origination to the location of her medical appointment. Regardless of the number of persons in transport in the vehicle, this limit applies individually to each beneficiary in the vehicle.
- The beneficiary shall not wait more than thirty (30) minutes prior to the end of her appointment before being picked up **by** the driver.
- Following the completion of her appointment, the beneficiary shall be in transport to her return destination, **no** more than forty-five **(45)** minutes plus the time required to travel from the location of her medical appointment to her residence or designated point of origination. Regardless of the number of persons in transport in the vehicle, this limit applies individually to each person in the vehicle.
- The beneficiary who requires transport from one medical provider to another medical provider **shall** be picked up for transport to the second provider no more than thirty (30) minutes after the provider is notified of the necessary transport.

Appendix III.A.1.

1. **Notification Process.** This waiver application identifies the use of a broker model, the implementation of an application for NET assistance, and the use of public transit services in two areas of the state where these services are available. The broker model is already in place and will cause no changes in the program for the beneficiaries.

Beneficiaries who reside in Hattiesburg or Jackson and for whom the available public transportation is appropriate will be notified by the NET coordinators that NET assistance will be provided to them through the public transportation providers in these areas. For beneficiaries who already utilize the program, this will mean a change in transportation provider. For beneficiaries who have not used the **NET** program before the waiver period begins, this use of public transit procedures will constitute no change.

During the second year of the waiver period, beneficiaries who utilize the **NET** program will be advised by mail that they will be required to complete an application for NET assistance. Beneficiaries will be given a specified amount of time to complete the application and return it to the Division. They will continue to receive NET assistance. If they do not submit an application by the specified deadline, they will be sent one reminder that they are required to submit the completed application and be given a second deadline by which to submit the application. If they have not submitted the application by the second deadline, NET services will no longer be available to them until such time as the application is submitted documenting their need for assistance. The NET coordinators will be available to answer questions the beneficiaries may have about the application and to remind them to complete and return the application when they contact the coordinators for NET assistance. (Note: this process will be implemented if systems changes required for its successful implementation can be made timely.)

A copy of the Medicaid Non-emergency Transportation Assistance Request as well as the notification to the beneficiaries regarding the **NET** application for assistance follow.

Application for Non-Emergency Transportation (NET) Services

NET services are available for beneficiaries who have no means of transportation to and from medical appointments to Medicaid providers. If you have transportation available through a vehicle owned by **you** or a member of your family who lives with you, **you** must attempt to use that vehicle to transport yourself to your medical appointment. In addition, **if** you have a family member, friend, neighbor or have access to any other source of transportation, including public transportation, you must attempt to use those options before calling Medicaid. In order to determine if you qualify for NET services you must answer **the** questions below.

Applicant Name _____

Applicant Medicaid ID Number _____

Applicant Address _____
Street Address City, State, Zip Code

Applicant Phone Number _____

3. Do you own or does anyone in your home own one or more vehicles? YES _____ NO _____

If YES, please list all vehicles owned by you or a family member that lives with you.

	Model Year	Model	Manufacturer	Tag Number
Example:	<u>1999</u>	<u>Escort</u>	<u>Ford</u>	<u>ABC-I23</u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If YES, can one or more of these vehicles be used to transport **you** to your medical appointments?

YES _____ NO _____

If NO, **please** explain below why this vehicle can not be used.

4. Please **explain** how you are transported to go shopping, to church **and** other places.

5. Do you have a family member who does not live with you who could take you to your medical appointments?

YES_____ NO_____

6. Do you have a neighbor or a friend that can transport you to your medical appointments?

YES _____ NO_____

7. Do you have any physical disabilities or special transport needs that **we** need to be aware of to determine if you will **qualify** for **NET** services?

YES_____ NO_____

If yes, please list **below**:

Applicant Signature

Date

I understand that by signing this application that I am certifying that I need transportation assistance from Medicaid and that I have no other **means** of transportation, including from my family. In addition, I understand that providing false information could have me held accountable under both state **and** federal criminal laws.



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
RICA LEWIS-PAYTON
EXECUTIVE DIRECTOR

Dear Medicaid Beneficiary:

Under the Mississippi Medicaid program, transportation services are available to qualified beneficiaries who require transportation assistance get to medical services. Transportation services are available only to beneficiaries who have no transportation. Use of this service by beneficiaries who have transportation is considered by the Division of Medicaid to be fraud.

Effective January 1, 2004, beneficiaries who request transportation services will be required to complete an application for assistance. A Medicaid Non-emergency Transportation Assistance Request application is enclosed. The application includes several questions for you to answer to **help** us determine your need for help with transportation.

Please complete this application and return it in the postage paid envelope included with this letter. We must receive the completed application from you **by** February 15, 2004. Any beneficiary who does not return the completed application as requested will be ineligible for transportation services as of February 28, 2004 until a completed application is received by our office, and the beneficiary's need for help with transportation is determined.

If you have questions about this letter *or* the enclosed application, please contact your local NET coordinator. We appreciate your cooperation.

Sincerely,

The Mississippi Division
of Medicaid



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
RICA LEWIS-PAYTON
EXECUTIVE DIRECTOR

Dear Medicaid Beneficiary:

In our letter to you dated _____, we sent to you a Medicaid Non-emergency Transportation Assistance Request application and asked you to complete and return the application to us. **We** have not received the application from you.

As advised in our letter to you, beneficiaries who **use** the Medicaid non-emergency transportation program must complete **a** Medicaid Non-emergency Transportation Assistance Request application. **Also**, we advised that **a** beneficiary who does not return **a** completed application to us will no longer be transported until **we** receive the application and determine the beneficiary's need **for** help with transportation.

We have enclosed another application for you. Please complete and return **the** application to us in the enclosed envelope by March 30, 2004. If we do not receive your application by March 30, 2004, we will no longer transport you until **we** receive your application and evaluate your need for help with transportation.

If you have questions about this letter or the enclosed application, please feel free to call your local NET coordinator.

Sincerely,

The Mississippi Division
of Medicaid

Appendix III.A.2.

2. Recipient's Choice of Providers.

- a. Will recipients be given the choice of selected providers? **If so**, how will they select **a** provider, and how will the provider be informed of the recipient's choice?

Currently in the NET program, beneficiaries **do** not have freedom of choice. Transporters are selected by the NET coordinator who arranges the requested transport. Providers are informed by the NET coordinator when a transport has been assigned to them.

- b. How will beneficiaries be counseled in their choice of waiver providers?

NA. See 2.a. above.

- c. How will the recipient notify the State of provider choice?

NA. See 2.a. above.

- d. Define the time frames for recipients to choose **a** waiver provider.

NA. See 2.a. above.

- e. Will the recipients be auto-assigned to a waiver provider if they **do** not choose:

NA. See 2.a. above.

Appendix III.A.3.(a)

Under this waiver, the NET program will use paratransit services available in Hattiesburg and Jackson beginning January 1, 2003. Also, under this waiver, the NET program will implement a requirement that eligible beneficiaries who utilize NET services must complete an application for those services. This requirement will be implemented effective January 1, 2004.

Appendix III.A.3.(b)

Transporters currently are required to address the requirements of beneficiaries with special **needs**. **This** requirement will continue **as** the program utilizes new transportation providers.

Appendix III.A.4.

A one page flyer describing the NET program and explaining how to access **NET** services **has** been developed and follows. This flyer has **been** distributed to human service organizations **who** also serve **Medicaid** recipients to distribute at their program sites. The flyer **is** available in English, Spanish, and Vietnamese. **Also**, the Division **of** Medicaid has developed the Language Line. Through this service, an interpreter will be **made** available **by** telephone to any individual who requests information about the Medicaid program and NET services **and** who does not understand English.

Non-Emergency Transportation (NET)



What is NET?

Non-emergency transportation (NET) is a Medicaid program. NET provides transportation assistance for Medicaid eligible beneficiaries who have no other means of transportation to medical appointments.

Who is eligible?

You may be eligible for NET services if:

- you are eligible for Medicaid;
- you have no other means of transportation;
- your appointment is with a Medicaid provider for a Medicaid covered service.

Your local NET coordinator will help you find out if you are eligible for NET services. See page 2 for the offices and phone numbers of the NET coordinators.

How do I request NET services?

Call your local NET coordinator at the Medicaid Regional office closest to you. You must call at least seventy-two (72) hours or three (3) working days before your scheduled appointment. Remember, the NET program is for non-emergency rides. If you have an emergency, call 911.

What happens next?

The NET coordinator will ask you for the following information:

- your name, address, and telephone number; if you do not have a phone, you must leave a number where the coordinator can leave a message for you;
- your Medicaid identification number;
- the name, address, and phone number of the Medicaid medical office where you are going;
- the time and date of your appointment;
- the type of transportation you need; for example: do you need a vehicle with a lift? Can you ride in a passenger car?

If you are requesting NET services for your children, the NET coordinator will need the same information for each child.

How will I know who my driver is?

The NET coordinator **has a** list of the drivers in **your** area. The coordinator **will** find a driver for you. Your driver will call the evening before your appointment.

Who are the NET drivers?

They're individual volunteer drivers, companies **and** agencies which provide transportation for the NET program. Many drivers live in their local communities.

Medicaid Regional Offices

Brandon Regional Office 1-888-269-4661
Brookhaven Regional Office 1-888-520-7998
Clarksdale Regional Office 1-888-268-1062
Cleveland Regional Office 1-888-268-9136
Columbia Regional Office 1-888-972-9316
Columbus Regional Office 1-888-773-9070
Corinth Regional Office 1-888-313-0916
Greenville Regional Office 1-888-551-7361
Greenwood Regional Office 1-888-279-9261
Grenada Regional Office 1-888-773-6855
Gulfport Regional Office 1-888-268-5257
Hattiesburg Regional Office 1-888-269-4191
Holly Springs Regional Office 1-888-269-5554
Jackson Regional Office 1-888-269-4661
Kosciusko Regional Office 1-888-846-9680
Laurel Regional Office 1-888-413-4479
McComb Regional Office 1-888-279-8957
Meridian Regional Office 1-888-279-7647
Natchez Regional Office 1-888-268-5141
Newton Regional Office 1-888-269-4023
Pascagoula Regional Office 1-888-802-9667
Philadelphia Regional Office 1-888-694-2382
Starkville Regional Office 1-888-279-9352
Tupelo Regional Office 1-888-268-5718
Vicksburg Regional Office 1-888-269-6457

For More Information Call:

(601) 987-4868

Office of the Governor, Division of Medicaid, 239 N. Lamar Street, Jackson, MS 39201-1399
NET revised 12/03/01

Traslado Fuera de Emergencia (NET)

¿Qué es NET?

Traslado Fuera de Emergencia (NET) es un programa de Medicaid.

NET brinda asistencia de traslado a beneficiarios elegibles de Medicaid que no cuenten con otros medios de transporte para concurrir a sus citas médicas.



¿Quién es elegible?

Usted puede ~~ser~~ elegible para los servicios NET si:

- es elegible para Medicaid;
- no cuenta con otros medios ~~de~~ transporte;
- usted tiene cita con un proveedor de Medicaid **para** recibir un servicio cubierto por Medicaid.

Su coordinador local NET le ayudara a saber **si es** elegible para los servicios NET, Consulte **la** pagina 2 por **las** oficinas y números telefonicos **de** los coordinadores NET.

¿Cómo solicito los servicios NET?

Llame a su coordinador local NET de **la** Oficina Regional Medicaid más cercana. **Debe** hacerlo por lo menos setenta y dos (72) horas o tres (3) días hábiles antes de la fecha de su cita. Recuerde **el** programa NET **es** un **servicio** para traslados fuera de emergencia. Si tiene una emergencia, llame al 911.

¿Luego qué sucede?

El coordinador NET le pedira la siguiente información:

- su nombre, dirección y número de **telefono**; si no tiene telefono, debe darle un número donde el coordinador pueda dejarle un mensaje;
 - su número de identificación Medicaid;
 - el nombre, dirección y número de telefono del consultorio medico Medicaid al que debe ir;
 - la fecha y hora de su cita;
 - el tipo de transporte **que** necesita; por ejemplo: ¿Necesita un vehículo ~~con~~ elevador?
- ¿Puede viajar **en** un auto de pasajeros?

Si solicita el servicio NET para sus niños, el coordinador necesitará la misma información por cada niño.

¿Cómo sabré quien es mi conductor?

El coordinador NET tiene una lista de los conductores de **su** area y hallará uno para usted. El conductor asignado le llamara por teléfono la noche anterior a **su** cita.

¿Quiénes son los conductores de NET?

Son individuos, compañías y agencias voluntarios que le brindan transporte al programa NET. Muchos conductores viven sus comunidades locales.

Oficinas Regionales Medicaid

Oficina Regional Brookhaven 1-888-520-7998
Oficina Regional Clarksdale 1-888-268-1062
Oficina Regional Cleveland 1-888-268-9136
Oficina Regional Columbia 1-888-972-9316
Oficina Regional Columbus 1-888-773-9070
Oficina Regional Corinth 1-888-313-0916
Oficina Regional Greenville 1-888-551-7361
Oficina Regional Greenwood 1-888-279-9261
Oficina Regional Grenada 1-888-773-6855
Oficina Regional Gulfport 1-888-268-5257
Oficina Regional Hattiesburg 1-888-269-4191
Oficina Regional Holly Springs 1-888-269-5554
Oficina Regional Jackson 1-888-269-4661
Oficina Regional Kosciusko 1-888-846-9680
Oficina Regional **Laurel** 1-888-413-4479
Oficina Regional McComb 1-888-279-8957
Oficina Regional Meridian 1-888-279-7647
Oficina Regional Natchez 1-888-268-5141
Oficina Regional Newton 1-888-269-4023
Oficina Regional Pascagoula 1-888-802-9667
Oficina Regional Philadelphia 1-888-694-2382
Oficina Regional Starkville 1-888-279-9352
Oficina Regional Tupelo 1-888-268-5718
Oficina Regional Vicksburg 1-888-269-6457

Para Obtener Mas Información Llame Al:

(601) 987-4868

Despacho del Gobernador, División Medicaid, 239 N. Lamar Street, **Jackson**, MS 39201-4399
NET revisado 12/03/01

Phông Tien Nĩ Lai Trong Trông Hôp Khong Khan Cap (Non-Emergency Transportation-NET)



NET lai gī?

Phở ông tiển nĩ lai trong trờng hợp khong khain cap (NET) lai choong trlnh Medicaid. NET hoi trờ phở ông tiển nĩ lai cho nhõing ngõõi nũ tiõu chuain hõing trờ cap Medicaid khong coi phõng tiển Aĩ lai khan: nẽi tõi cĩc buõii hẽin khaim.

Ai là người nữ tiêu chuẩn?

Quý vị có thể tải tài liệu chuain nhain đbch vui NET nếu:

- quy: và ñu: tieu chuain nhain Medicaid;
- quy: và khoing coi phoong tiein ñi lai khai;
- quy: và co: buoi hein kham với ngòoi cung cap dich vui Medicaid ñe: nhan dich vui ñooc Medicaid trôi caip.

Nieu phoi viein NET tai nha phoong cua quy vob sei giuip quy vob tìm hieim xem quy vob coi hui tieu chuain nhain dbch vui NET hay khoing.

Xin coi trang 2 để biết số niên thoả và văn phòng của các nhà phân phối NET.

Toi yeu caiu co dbch vui NET nho the nao?

Quý vò hãy gọi cho ñieu phoii vien NET ở nba phong quý vò tại vain phong Medicaid Khu Vijic gain nôi quý vò ở nhất. Quý vò phải gọi ít nhất là bảy mòi hai (72) giờ hoac ba (3) ngày lam vieic trồc buoi hein ñai xep loch của quý vò. Xin quý vò nhò rang choong trính NET tại Ai ni lai trong trồng hoip khoing khaiñ caip.

Neu quy và co tröông hoip khain caip, hay goii 911.

Tieip theo lai gi?

Nhieu phoi viem NET sei hoi quy vo nhong thong tin sau nay:

- hỏi tên, nhà cha và số niên thoải của quý vò; nếu không có niên thoải, quý vò phải nêu lại số niên thoải nơi Aieiu phôi vien coi thi nêu lại lời nhain cho quý vò;
- số nhain Medicaid của quý vò;
- tên, nhà cha, và số niên thoải của phomg khaim Medicaid mà quý vò nêu;
- thời gian và ngày tháng buoi hein của quý vò;
- loại phồng tiên nêu lại mà quý vò cần; vì dui, quý vò coi cain xe coi thieit bô naing không? Quý vò coi thi nêu xe chôi khaich không?

Appendix III.A.4.(f)

Information about the NET services is provided to **clients** who receive the publication "What Medicaid Can Do for You" during the application process. This publication is available in English, Spanish, and Vietnamese. **The** EPSDT program brochure also **informs** recipients about the availability of NET services. **Also**, the Division of Medicaid has developed the Language Line. Through this service, an interpreter **will** be made available **by** telephone to any individual who requests information about the Medicaid program and NET services **and** who **does** not understand English. Copies of these materials follow,

Services

Hospital Care - Inpatient Services - Adults receive 30 days of inpatient hospital service each year starting from July 1 of one year through June 30 of the next year. Children can get more days with prior approval.

Hospital Care - Outpatient Services - Adults receive 6 outpatient hospital visits per year. Children receive 12 outpatient hospital visits per year. Children can receive more visits under a plan of care, Emergency room visits count as outpatient visits.

Home Health Services - You receive 60 home health visits each year starting from July 1 of one year through June 30 of the next year.

Long Term Care Services - Medicaid pays for nursing facility care, intermediate care facility services for the mentally retarded, and psychiatric residential treatment facility care (under age 21).

Physician Services, Nurse Practitioner Services and Physician Assistant

Office Visits and Family Planning Services - Medicaid pays for 12 office visits per year for adults and 24 office visits per year for children. (Children can receive more visits under a plan of care.)

Selected Drugs, (Insulin and other lifesaving drugs) - Medicaid pays for 10 prescriptions per month for adults age 21 and over. Nursing Facility beneficiaries have unlimited prescription services, Children receive 10 prescriptions per month , they may receive more with prior approval.

Emergency Ambulance Services

Dental Extractions and Related Treatment

Eyeglasses - Medicaid pays for one pair of eyeglasses every three years as prescribed by a physician or an optometrist. Children may receive two pair of eyeglasses each year and may receive more if medically necessary.

Durable Medical Equipment and Medical Supplies

Hospice Services

Dialysis Services

Mental Health Services

Chiropractic Services

Inpatient Psychiatric Care - This service is only available for persons under age 21 in a free-standing psychiatric hospital.

Non-Emergency Transportation Services - Transportation assistance is available to Medicaid eligible persons to travel to and from medical appointments when they have no other source of transportation. Call 1-800-421-2408 for information about where to receive help with transportation. 8-23-01

What Mississippi Medicaid Can Do For You

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID



MISSISSIPPI DIVISION OF
MEDICAID

Programs

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The EPSDT Program is a FREE healthcare program for Mississippi's children ages birth through **21** who are eligible for Medicaid. With this program your children can get free check-ups. Other **FREE** services this program provides are: eyeglasses, hearing aids, wheelchairs, immunization shots, dental care, therapy services (speech/language, physical, occupational), and transportation, (if there is no other means of transportation), to any medical appointment. Any participating doctor, clinic or county health department will give your children a complete check-up. Contact your Department of Human Services worker, doctor, clinic, or Primary Care Provider (PCP) to get your children enrolled in the EPSDT program.

Home and Community-Based Services (HCBS)

HCBS programs offer in-home services to help people live at home instead of institutions. In-home services vary depending upon programs. They include services such as homemakers, home delivered meals, personal care attendants, transportation and in-home respite (relief for the care-giver). Programs are available for the Elderly and Disabled; Mentally Retarded/Developmentally Disabled; Traumatic Brain or Spinal Cord Injury; Orthopedically/Neurologically Impaired. You must apply, meet the medical requirements for these programs, and be approved for services. For more information call the HCBS programs at: **7-800-421-2408**.

HealthMACS

HealthMACS is a case management program that gives you a "medical home" for primary care. When you are enrolled in HealthMACS, you are assigned a primary care provider (PCP). A PCP is a doctor, a nurse practitioner, or a clinic that is responsible for your care. When you are in HealthMACS you will always go to the same PCP. If you have any questions about HealthMACS or if you are in HealthMACS and are unhappy with your PCP, you may choose a new PCP. Call the Managed Care Hotline at **1-800-627-8488**, Have your Medicaid number ready to give to the person answering your Call.

Co-Payments

A co-payment is a small fee charged for some Medicaid services. The following fees are collected by the provider from you at the time service is provided.

Prescription Drugs (per prescription)	\$1.00
Physician Visit (per visit)	\$1.00
Hospital Outpatient Visit (per day)	\$2.00
Hospital Inpatient Visit (per day)	\$5.00
Home Health Visits (per visit)	\$2.00
Eyeglasses (per pair)	\$2.00
Non-Emergency Ambulance (per trip)	\$2.00
Rural Health Clinic (per visit)	\$2.00
Dental Visit (per visit)	\$2.00
Federally Qualified Health Clinic (per visit)	\$1.00

You do not have to pay a co-pay if you are a child under age 18, a pregnant woman, if you are in a nursing facility, if you are being treated in an emergency room for a true emergency, or for family planning services

Laim sao toii bieit ai lai tali xei của toii?

Nieu phoi viein NET coi danh saich caic tai xei tali khu vöic của quy vö. Nieu phoi viein sei tìm tai xei cho quy vö, Tai xei của quy vö sei goii nien thoai vào buoi toi tröoc buoi hein của quy vö.

Nhöng ai lai tai xei của chöông trlnh NET?

Hoi lai nhöng tai xei riêng tlnh nguyein, nhöng công ty vai cô quan coi cung cap phoong tiein Ai lai cho chöông trlnh NET. Nhieu tai xei song tai coing Aoiing nêa phoong của hoi.

Caic Vain Phong Medicaid Khu Vöic

Vain Phong Khu Vöic Brookhaven 1-888-520-7998
Van Phong Khu Voc Clarksdale 1-888-268-1062
Vain Phong Khu Voic Cleveland 1-888-268-9136
Vain Phong Khu Voc Columbia 7-888-972-9316
Van Phong Khu Vöic Columbus 1-888-773-9070
Vain Phong Khu Vöic Corinth 1-888-313-0916
Vain Phong Khu Voic Greenville 1-888-551-7361
Vain Phang Khu Vöic Greenwood 1-888-279-9261
Vain Phong Khu Vijic Grenada 1-888-773-6855
Vain Phong Khu Vöic Gulfport 1-888-268-5257
Vain Phong Khu Voic Hattiesburg 1-888-269-4191
Vain Phong Khu Vöic Holly Springs 1-888-269-5554
Vain Phong Khu Vöic Jackson 1-888-269-4661
Vain Phong Khu Vöic Kosciusko 1-888-846-9680
Vain Phong Khu Vöic Laurel 1-888-413-4479
Vain Phong Khu Vöic McComb 1-888-279-8957
Van Phong Khu Vöic Meridian 1-888-279-7647
Vain Phong Khu Vijic Natchez 1-888-268-5141
Vain Phong Khu Vöic Newton 1-888-269-4023
Vain Phong Khu Voc Pascagoula 1-888-802-9667
Vain Phong Khu Voc Philadelphia 1-888-694-2382
Vain Phong Khu Vöic Starkville 1-888-279-9352
Van Phong Khu Voic Tupelo 1-888-268-5718
Vain Phong Khu Voic Vicksburg 1-888-269-6457

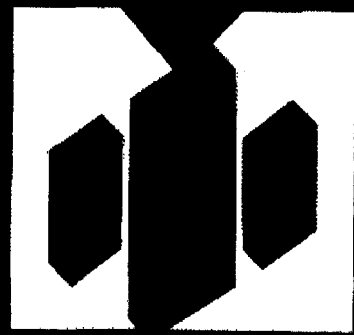
Nê Biet Them Thoing Tin, Xin Goi:

(601) 987-4868

Van Phong Thong Nöc, Ban Medicaid, 239 N. Lamar Street, Jackson, MS 39201-1399
NET söa nôi 12/03/01

Chương Trình Medicaid bang Mississippi có thể giúp gì cho quý vò

VĂN PHÒNG THÔNG ĐỐC
BAN PHỤ TRÁCH MEDICAID



MISSISSIPPI DIVISION OF
MEDICAID

Nong Thanh Toan

Các Chương Trình

Kham, Chẩn Đoán, Nghiệm Trừ Sớm và Nghiệm Kỳ (Early and Periodic Screening, Diagnosis, and Treatment - EPSDT)

Chương Trình EPSDT cung cấp các dịch vụ phòng bệnh cho trẻ em dưới 21 tuổi. Con quý vò có thể được khám tại phòng y tế quận hoặc tại một trong những phòng khám hoặc bác sĩ có tham gia chương trình EPSDT ở khu vực quý vò. Với chương trình này, con của quý vò có thể được khám tổng quát. Bất kỳ phòng khám, bác sĩ hoặc phòng y tế nào không tham gia chương trình đều có thể khám tổng quát này nếu cho con quý vò. Hãy liên lạc với nhân viên Hội Trù Nhân Nào, bác sĩ, hoặc Người Cung Cấp Dịch Vụ Chăm Sóc Ban Nào (Primary Care Provider - PCP) của quý vò.

Nong thanh toan (co-payment) là khoản phí nhỏ trả cho một số dịch vụ Medicaid. Người cung cấp dịch vụ thu của quý vò những khoản phí sau này tại thời điểm dịch vụ được cung cấp.

Thuốc ca Kei nòn

(mỗi nòn thuốc) \$1.00

Kham Bác Sĩ

(một lần khám) \$1.00

Kham Bệnh Nhân Ngoại Tru Bệnh Viện

(một ngày) \$2.00

Kham Bệnh Nhân Nội Tru tại Bệnh Viện

(một ngày) \$5.00

Kham Sức Khỏe Tai Nha

(một lần khám) \$2.00

Kính mắt (một nòn) \$2.00

Xe Cấp Cứu trường hợp Không Khẩn Cấp

(một chuyến) \$2.00

Phòng Khám Sức Khỏe Nong Thon

(một lần khám) \$2.00

Kham Rang

(một ngày) \$2.00

Phòng Khám Sức Khỏe Nữ Tiểu Chuẩn

Liên Bang

(một lần khám) \$1.00

Quý vò không phải trả nong thanh toan nếu quý vò là trẻ em dưới 18 tuổi, phụ nữ mang thai; nếu quý vò đang ở trong cơ sở nòng dưỡng; nếu quý vò đang được hỗ trợ tại phòng cấp cứu nơi vào trường hợp cấp cứu thực sự, hoặc có dịch vụ kế hoạch hoá gia đình.

Các chương trình HCBS cung cấp các dịch vụ tại nhà để giúp đỡ những người sống ở nhà thay vì tại cơ sở. Nếu có nhu cầu, quý vò phải nộp ứng trước khi nhận chăm sóc cấp cơ sở, cũng với những nòng kiện khác. Chương trình có các dịch vụ cho người già, người tàn tật và/hoặc người chăm phát triển/ chăm phát triển trí tuệ có nòng Medicaid, Quý vò phải làm nòn xin và phải được chấp thuận cho nhận những dịch vụ này. Nếu có thêm thông tin, quý vò hãy gọi cho chương trình Dịch Vụ Tại Nhà và/hoặc Nong tại số 1-800-421-2408.

HealthMACS

HealthMACS là chương trình quản lý hồ sơ cung cấp cho quý vò "cơ sở y tế" chăm sóc ban nòng. Khi nòng ký tham gia chương trình HealthMACS, quý vò sẽ được chỉ nòng một người cung cấp dịch vụ chăm sóc ban nòng (primary care provider - PCP). PCP là một bác sĩ, người hành nghề y tế hoặc phòng khám có trách nhiệm chăm sóc quý vò. Khi tham gia chương trình HealthMACS, quý vò sẽ luôn nên khám cũng một PCP. Trong thời gian quý vò tham gia chương trình này, Medicaid sẽ chỉ thanh toán cho dịch vụ chăm sóc y tế mà quý vò nhận từ PCP của quý vò hoặc từ các bác sĩ hoặc phòng khám mà PCP giới thiệu quý vò nên khám. Nếu quý vò có bất kỳ thắc mắc nào về HealthMACS, hoặc nếu quý vò nòng tham gia HealthMACS nòng không hài lòng với PCP của mình, quý vò có thể chọn PCP mới. Hãy gọi Nòng dây kham Chăm Sóc có Quản Lý. (Managed Care Hotline) tại số 1-800-627-8488. Quý vò hãy chuẩn bị sẵn số thẻ Medicaid để nòng cho người trả lời cuộc gọi của quý vò.

Servicios

Cuidado de Hospital - Servicios de internacion - Los adultos reciben 30 dias de servicio de internacion por año fiscal, desde el 1 de Julio de un año hasta el 30 de Junio del año siguiente.

Vuidado de Hospital - Servicios a Pacientes Externos - Los adultos reciben 6 visitas a consultorios externos por año fiscal. Los niños reciben 12 visitas por año fiscal. Los niños pueden recibir mas visitas con un plan de cuidado. Las visitas a sala de emergencia cuentan como visitas externas.

Servicios de Salud en el Hogar - Usted recibe 60 visitas en su hogar por año fiscal,

Servicio de Cuidados Prolangados- Medicaid paga por servicios de enfermeria en instituciones, servicios de cuidados intermedios en instituciones para pacientes con retardo mental y tratamiento psiquiatrico con internacion (para menores de 21 años).

Servicios Medicos y de Enferrneras Profesionales

Visitas a Consultorio y Servicios de Planificación Familiar - Medicaid paga 12 visitas a consultorio por año fiscal para los adultos y 24 por año fiscal para los niños. (Los niños pueden obtener mas visitas con este plan).

Drogas Especiales, (Insulina y otras drogas vitales) - Medicaid paga hasta 10 recetas por mes para adultos de 21 años o mayores. Los beneficiarios de Cuidado en Instituciones gozan de una cantidad ilimitada de recetas. Los niños reciben 10 recetas por mes. (Los niños pueden recibir mas con aprobacion previa),

Servicios de Ambulancias de Emergencia

Extracciones Dentales y Tratamientos Relacionados

Anteojos - Medicaid paga un par de anteojos cada tres años, prescritos por un médico o un optometrista. Los niños pueden recibir dos pares de anteojos cada año y aun más si es clinicamente necesario.

Equipos Medicos Durables y Suministros Medicos

Sewicios de Hospicio

Servicios de Diálisis

Servicios de Satud Mental Servicios Quiropracticos

Cuidado Psiquiátrico con Internacion - Este servicio solo está disponible para personas menores de 21 años en un hospital psiquiatrico autónomo.

Servicios de Traslado Fuera de Emergencia - Las personas elegibles por Medicaid disponen de un servicio de traslado hacia y desde el lugar de atencion médica cuando no cuenten con otros medios para hacerlo. Llame al 7-800-421-2408 para recibir información sobre donde obtener ayuda para su traslado. 11-05-01

Que Hacer Si...

su proveedor de servicios de salud le brinda un servicio que usted cree que no necesita o

usted cree que su pt-oveedor de servicios de salud puede estar facturando servicios que no recibio

o su proveedor quiere que usted pague por un servicio que cubre Medicaid.

Si usted experimenta cualquiera de estas situaciones, llame a la Linea Abierta del Bureau of Program Integrity al -
1-800-880-5920

Qué Puede Hacer Mississippi Medicaid Por Usted

OFICINA DEL GOBERNADOR
DIVISION MEDICAID



Programas

Examen, Diagnóstico y Tratamiento Precoz y Periódico (EPSDT)

El Programa EPSDT brinda servicios preventivos para niños menores de 21 años. Su hijo puede ser examinado en el departamento de salud del condado o por uno de los médicos o clínicas que participan del EPSDT en su área. Con este programa sus hijos/as pueden recibir chequeos gratuitos. Cualquier médico, clínica o servicio de salud del condado le hará un chequeo completa a su hijo/a. Contacte a su trabajador/a de Servicios Humanos, médico, clínica o Proveedor de Cuidados Primarios (PCP).

Servicios Domiciliarios y Comunitarios (HCBS)

Los programas HCBS ofrecen servicios domiciliarios para ayudarles a las personas a vivir en su casa, en lugar de hacerlo en instituciones. Para calificar, usted debe satisfacer el nivel de cuidados institucionales además de otros criterios. Los servicios están disponibles para personas de edad avanzada, incapacitadas y/o con retardo mental/de desarrollo, que sean beneficiarias de Medicaid. Usted debe inscribirse y ser aprobado para estos servicios. Para obtener mas información llame al programa Home and Community Based Services (Servicios Domiciliarios y Comunitarios) al 1-800-421-2408.

HealthMACS

HealthMACS es un programa de administración de casos que le brinda un "hogar médico" para atención primaria. Cuando usted esta inscripto/a en HealthMACS, se le asigna un proveedor de servicios primarios (PCP). Un PCP es un doctor, una enfermera profesional, o una clínica responsable de su atención. Cuando usted este en HealthMACS visitara siempre al mismo PCP. Mientras este en este programa, Medicaid solo pagara la atención médica que recibe de su PCP, o de médicos o lugares a los que su PCP le envíe. Si tiene alguna pregunta sobre HealthMACS, o si esta en HealthMACS y no esta contento/a con su PCP, puede elegir uno nuevo. Llame a la Línea Abierta Managed Care (Servicios Administrados) al 7-800-627-8488. Tenga preparado su número de Medicaid para dárselo a la persona que atiende su llamado.

Copagos

Un copago es un pequeño

honorario que se cobra por algunos servicios de Medicaid. El proveedor le cobrará los siguientes honorarios en el momento de brindarle el servicio.

Drogas prescritas (por receta)	\$1.00
Visita Médica (por visita)	\$1.00
Paciente Hospitalario Externo (por día)	\$2.00
Paciente Internado en Hospital (por día)	\$5.00
Visitas a Domicilio (por visita)	\$2.00
Anteojos (por par)	\$2.00
Ambulancia Sin Emergencia (por viaje)	\$2.00
Clínica Rural de Salud (por visita)	\$2.00
Visita al Dentista (por visita)	\$2.00
Clínica Calificada Federalmente (por visita)	\$1.00

Usted no pagará copago si es menor de 18 años, o si es una mujer embarazada, esta en una institución de cuidado, recibe tratamiento en una sala de emergencias por una emergencia verdadera o por servicios de planificación familiar.

Cac Dich Vui

Cham Sac Tai Binh Vien - Dich Vui Binh Nhain Noi Trui - Ngooi lon ndoc nhain 30 ngay dich vui cham soc banh vien cho banh nhain nai trui trong moi nam tai khoa, toi ngay 1 thang Bay nam nay nen ngay 30 thang Bay nam sau.

Cham Soc Tai Binh Vien - Dich Vui Binh Nhain Ngoai Trui - Ngooi lon ndoc nhain 6 buoi khaim tai banh vien cho banh nhain ngoai trui trong moi nam tai khoa. Trei em ndoc nhain 12 buai khaim tai binh vien cho binh nhain ngoai trui trong mai nam tai khoa. Trei em co the ndoc nhan nhieu buoi khaim hon theo chong trnh cham soc. Cac buai kham tai phong cap cuu tinh lai cac buoi khaim cho binh nhain ngoai trui.

Dich Vu Y Te Tai Nhai - Quy va sei ndoc nhan 60 buoi kham soc khoe tai nhai trong moi nam tai khoa.

Dich Vui Cham Soc Lau Daii - Medicaid trai cho dich vui cham soc tai co soi Aieu doong, cac dich vui cua co soi cham soc trung gian cho ngooi cham phat trien tri tuei, vai dich vui cham soc tai co soi nhieu tro tam than cho co daii (dooi 21 tuoi).

Cac Dich Vui Khaim Baic So, Dich Vui Ngooi Hainh Nghs Y Tai

Cac Bui Kham Binh vai Dich Vu Kei Haach Hoai Gia Ninh - Medicaid trai 12 buoi khaim binh trong mot nam tai khoa cha ngooi lon, vai 24 buoi khaim binh trong mot nam tai khoa cho trei em. (Trei em co the ndoc nhain nhieu buai kham hon theo chong trnh nay).

Cac Loai Thuoc Loo Choin, (Insulin vai cac loai thuoc cuu minh khac) - Medicaid trai toi na 10 non thuac moi thang cho ngooi lon toi 21 tuoi troi lei. Nhung ngooi hooing troi cap Co So Nieu Doong co dich vu kei non thuac khong ham chei. Trei em ndoc trai 10 non thuac moi thang. (Tra em co the ndoc trai nhieu hon neu co so hooing yi trodre).

Dich Vui Xe Cap Cuu Troong Hop Khain Cap

Nhai Rang vai Nieu Tro Co Lien Quan

Kinh Mat - Medicaid trai cho mot noi kinh mat theo non cua baic si hoac ngooi ho tho loc ba nam mot lai. Trei em co the ndoc nhain hai noi kinh mat moi nam vai co the ndoc trai nhieu hon neu can thiet vai mat soc khoei.

Trang Thiet Bo Y Te Lau Ban

Dich vui Nhai te bain

Dich vui Thaim taich

Dich vui Soc khoei Tam thain

Dich vui Choa binh baing Nain khop xoong

Cham Sac Tam Than cho Binh Nhain Noi Trui - Dich vu nay cha co cho nhooing ngooi dooi 21 tuoi tai binh vien chuan khoa tam than doc lap.

Hoi Tro Phooing Tien Ni Lai Trong Troong Hop Khaing Khain Cap - Dich vui hoi troi phooing tien ni lai san co cho nhooing ngooi nu tieu chuan nhain Medicaid ne Ai lai kham binh khi hoi khong co nguan phooing tien chuan choi khac. Hay goi soi 1-800-421-2408 ne co thooing tin vai noi quy va ndoc giup noi phooing tien ni lai. 11-05-01

Nein Lam Gi Neiu . . .

ngooi cung cap dich vu cham soc soc khoei cua quy va cung cap dich vui mai quy va cho rang co thei khong can thiet hoac

quy va cho rang ngooi cung cap dich vui cham soc soc khoei cua quy va co thei ghi hoa non cho dich VU mai quy va khooing ndoc nhain hoac

ngooi cung cap dich vui muon quy va thanh toan cho dich vui mai quy va tin rang Medicaid coi trai cho dich vui noi.

Neu quy va gap bat ky trobng hop nao nho vai, hay goi cho Nioong day kham cua Van Phooing bao nam Tinh Trung Thoc cua Ngooi Cung cap dich vui trong Chooong Trinh (Bureau of Program Integrity) tai so-

1-800-880-5920

Appendix C.1.

NET providers include individual and group providers. Individual providers volunteer their services. Applications from individual providers are accepted **by** the **NET** coordinators at anytime. The individual NET provider participation agreement follows.

Current group providers were selected through a Request for Bids (RFB) published **by** the Division of Medicaid. The **RFB**, which includes provider quality and performance standards, **follows**. The **RFB** was published in the newspaper which **is** distributed statewide, Responses to the RFB were submitted to the Division of Medicaid. An evaluation team of five members reviewed each proposal submitted, **using** criteria as published in the **RFB**. **The** team made recommendations to DOM management regarding the primary provider to **be** awarded each region. Briefly, the state **is** divided into 32 NET service regions. Each region is served **by** one primary NET group provider. **A** secondary provider is also assigned to each region to provide NET assistance **if** for some reason the primary provider cannot provide the necessary assistance. Use of the secondary provider **is** temporary until the primary provider is able to provide **the** requested assistance.

Appendix III.C.3.c

Each individual provider must have a current driver license and carry standard liability insurance. **Also**, the individual provider must ensure that the tag and inspection sticker on her car **is** current at all times.

Group NET providers include for profit and not-for-profit organizations which have **at** least twelve (12) months of experience providing local and long distance transportation services to live human beings in the State **of** Mississippi. This experience **must** be continuous and verifiable and must consist of a minimum of three separate trips a week. Sufficient documentation must be submitted to the Division to verify that the one year experience requirement has been met.

Appendix IV.B.

Persons who enroll in the Medicaid program are informed in the application process of the hearing/grievance process available to them **as** beneficiaries of the program. This process is available to them for all services under the program, including NET services. Administrative Hearing Procedures for Clients Denied Non-Emergency Transportation (NET) Services follows.

The NET program also includes a complaint process. Following is a description **of** the complaint process. Also following **is** an explanation of the NET provider sanction process.

(Note: The following information is taken from the NET Policy and Procedure Manual which **is** currently being updated.)

Appendix IV.C.1.

a. time and distance: See Appendix II.K. for information regarding traveling times and pick-up/drop-off times. These requirements are based on considerable experience on the part of the **NET** staff and are considered appropriate to a high quality of service. Individual providers are required to report their mileage which the NET coordinators review before claims for payment are submitted. NET group providers are required to keep trip logs which are monitored during their annual reviews by the NET state staff.

b. waitina times to obtain services: NET services are available to any eligible beneficiary as needed. Eligible beneficiaries are asked to provide a three (working day notice) to the NET coordinators when they require services.

c. provider-to-beneficiary ratios: See III. Program Impact, **C. Selection & Availability of Providers, 4. Provider/Beneficiary Ratio** of the waiver application. The current ratios are sufficient to assure that eligible beneficiaries have transportation services as they require them.

d. beneficiary knowledge of how to appropriately access waiver services: See Appendices III.A.4 and III.A.4.(f). Information regarding the NET program is available through the Mississippi Department of Human Services which conducts eligibility activities which results in the enrollment of most eligible persons into the Medicaid program, the Mississippi State Department of Health, which provides a variety of services to a large number of Medicaid eligible persons, the Medicaid Regional Offices. Also, the Division has included information regarding the NET program in the Medicaid Provider Bulletin which is distributed to all providers who participate in the Mississippi Medicaid program.

e. access to emergency services: The **NET** program does not provide emergency services or impact access to these services by Medicaid beneficiaries.

Appendix IV.C.2.

The Medicaid program's fiscal agent, **ACS**, has a toll free customer service line which beneficiaries may call with any questions, complaints, concerns, etc. they may have about the Medicaid program including NET services. The toll free number for **ACS** is printed on the Medicaid beneficiary identification card.

The Division of Medicaid had made available toll-free lines to the state office **and** to the NET coordinators in **24** Medicaid regional offices. The Bureau of Program Integrity also has a toll-free line which is available to any member of the public, including Medicaid beneficiaries, who have questions or complaints of any nature about any aspect of the Medicaid program.

The staff also conduct bi-annual satisfaction surveys of randomly selected beneficiaries who utilize the NET program. The results of these surveys are analyzed, and NET staff **and** providers whose performance needs improvement per the results of the survey are advised of the survey results. A copy of the survey follows.



STATE OF MISSISSIPPI
OFFICE Of THE GOVERNOR
DIVISION Of MEDICAID
NCA LEWIS-PAYTON
EXECUTIVE DIRECTOR

Dear Beneficiary:

We are conducting a **state-wide survey of** people who have **used** the Medicaid transportation program, **We** would like to have your opinion on how the company providing transportation to you **is** doing. Your answers will **help** us to ensure that you are receiving quality transportation services. Please **help** us **by** filling out the enclosed survey and mailing it back to us **by** June 5, 2002. The name of your transportation company is printed at the top of the first page of the survey form. We have included a **postage** paid **envelope** for you to use. Your name and answers will be kept confidential, and your transportation services will not be affected by answering these questions.

Thank you for your time.

Sincerely,

Jan Larsen, Bureau Director
Medicaid Transportation

Division of Medicaid Non-Emergency Transportation Beneficiary Satisfaction Survey

NET Provider Region: _____ NET Provider Name: _____

1.

How would you rate the service of the company that transports you?

Excellent_____ Good_____ Fair_____ Poor_____
2.

Is it difficult to get through to the Medicaid NET Coordinator when you call to arrange transportation?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
3.

When you call to arrange transportation, how often do you have to leave a message?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
4.

If you leave a message, does a NET Coordinator respond to you in enough time for you to **make** it to your appointment?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
5.

When you call to arrange transportation, do you call the NET Coordinator at least three working **days** before your appointment?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
6.

Do the NET Coordinators let you **know** when transportation has been set up for you?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
7.

Does the driver get you to your medical appointment on time?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
8.

Are the drivers professional and courteous at all times?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
9.

Does the driver give you a card with their toll free number to call when your appointment **is** over?

Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____

10. Does the driver wear an ID badge with their name and their company's name?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
11. Have you ever been asked by a driver for money for taking you to your medical appointments?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
12. **Does** the driver or do other passengers smoke in the vehicle?
Always _____ Usually_____ sometimes_____ Seldom_____ Never_____
13. Are the vehicles clean, safe, and comfortable to ride in?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
14. **Does** the air conditioner and heater **work**?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
15. **Is** the name of the transportation company on the outside of the vehicle?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
16. Do you wear your seat belt when traveling **in** the vehicle to your doctor's appointment?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
17. How many people other than you and the driver are usually in the vehicle?
One to two_____ Three to four_____ Five or more_____
18. **Is** there other transportation available in your community such **as** a bus or friend to take you to your medical appointments?
Yes_____ **No**_____

Please answer the questions 19 - 21 if you use a wheel chair.

19. Is your wheel chair strapped down during your trip?
- Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
20. Does your wheel chair face forward during your trip?
- Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____
21. Do you wear a seat belt with a shoulder strap?
- Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____

If you have any comments you would like to make, please use the space below.

[illegible]

Appendix IV.C.2.e.

The Mississippi NET program has in place a format complaint process whereby complaints from any source are received, recorded, and addressed by NET staff. When a complaint is received regarding a NET group provider, a letter is sent to that provider explaining the complaint received and requesting an explanation of the problem. Providers are also required to submit a plan of correction for any complaint which is determined, by staff investigation, to be substantiated. Sanctions are in place to address providers against whom multiple substantiated complaints are received.

See Appendix IV.B. for information regarding the NET program complaint process.

Appendix IV.D.

1. Beneficiaries' reasons for changing providers in order to detect quality of care problems (not only actual changes, but requests to change specific individual care givers and/or providers)

NET policy requires the primary provider of each region to provide all services as requested by the NET coordinators. When situations occur whereby beneficiaries indicate that they do not wish to be served by the primary provider in the region in which they reside, the beneficiaries make their wishes known to the area NET coordinator and provide justification of their complaint. The request for an alternate provider is forwarded to the NET state staff for review and approval. Because primary providers are required to provide all NET services as assigned by the NET coordinators, a request from a beneficiary for an alternate provider is considered by state NET staff as an indication of a service problem and is investigated as such. Beneficiaries may be assigned to the secondary provider for the region, but this assignment is temporary. The primary provider is required to address and resolve the problems which caused the request from the beneficiary for an alternate provider.

2. Hotline:

See Appendix IV.C.2.

3. Periodic beneficiary surveys (which question the quality of services received under the waiver) are mailed to a sample of waiver recipients

See Appendix IV.C.2.

4. Complaints grievance and appeals system

See Appendix IV.C.2.

5. Other (explain on Appendix IV.D.5.)

Appendix IV.D.5.

The NET staff conduct special reviews, including unannounced reviews, in association with some complaints they receive. For example, if a complaint is received that the wheelchair of a beneficiary who uses a wheelchair was not properly tied down during a transport, the NET staff may make a visit to the provider to inspect the lift vehicle for tie-downs. Also, the NET staff may wait at the office of a medical provider to which beneficiaries are being transported to check to see if the provider transported the beneficiaries to their appointments on time, if the vehicle used to transport the beneficiaries was clean and roadworthy, etc.

Appendix IV.E.1.

The Division of **Medicaid**, NET **state** staff monitors **the quality** of NET **services** through **periodic beneficiary surveys** (see **Appendix IV.C.2.**), **periodic provider reviews** (see **Appendix IV.E.2.**), **special reviews** (see **Appendix IV.D.5**) and the NET **program complaint process** (see **Appendix IV.B.**). No **additional monitoring** for quality of services is **scheduled** at this **time**.

Appendix IV.E.2.

The NET state staff conduct annual compliance and financial reviews on each NET group provider enrolled in the Medicaid program. **The** staff review financial records, documentation of the services provided, claims payments, and billings from medical providers to whom the provider under review transported the beneficiaries. **As** part **of** these reviews, staff check records for drivers hired **by** the group NET providers including expiration dates of driver licenses, training, and the results of background checks. Records on vehicles utilized **by** the group **NET** providers to transport Medicaid beneficiaries are also reviewed, to check for expiration **dates of tags** and inspections stickers, maintenance documentation, etc.

Problems noted during the review are included in a report which **is** sent to the provider along with a request for **a** corrective action plan. Providers are required to send documentation with their plans of correction **to** evidence that they have made the corrections indicated in their CAP. Providers may be required to bring vehicles in question **by** the state **NET** office or a coordinator's office **for** visual inspection.

Appendix V. B.

Rationale for Expected Cost Savings

The Division of Medicaid is submitting two cost savings processes that will be initiated.

A. NET Application Process

NET services in the State of Mississippi are available for Medicaid eligible beneficiaries who have no means of transportation to medical services provided by Medicaid enrolled providers. Beneficiaries requesting services are pre-screened by NET coordinators prior to approving transportation services. The pre-screening process requires the NET coordinator to ascertain if the beneficiary has available transportation through a series of questions posed to the beneficiary. In order to qualify, the beneficiary is asked if she has transportation through either a personal vehicle, family, friends, neighbors or public transportation. Based on these statements the NET coordinator will determine if the beneficiary has other means of transportation to their medical appointment. Beneficiaries owning vehicles may qualify if they are unable to purchase fuel, if the vehicle is currently inoperable, or if the nature of the medical services being obtained would prevent the safe operation of the vehicle. In order to control fraudulent requests and contain costs, a NET application process will be used to determine eligibility for NET services. This application form will require the beneficiary to provide specific statements regarding:

1. How the beneficiary is transported to and from church, shopping, **and** community and social activities.
2. A listing of vehicles at their residence and the reason(s) why these vehicles cannot be used for their medical transportation needs. (A computer search of vehicles will be conducted through the Mississippi State Tax Commission. In cases of unreported vehicles, a explanation will be required from the beneficiary.)
3. A listing of adult individuals residing in the home and a reason(s) why those individuals are unable to provide medical transportation.
4. A description of any physical disabilities that would require specialized transportation (e.g. wheel chair accessible vehicle).

In addition, the beneficiary would have to sign a statement certifying her need for assistance and that she had no transportation, including from her family, to access services available through Medicaid. The application will include a statement to the effect that the beneficiary is aware that to indicate that she has no transportation resources would be to provide false information and could cause her to be subject to prosecution under both state and federal criminal laws.

€ **Purchase of Public Transit Passes**

Mass transit capability is severely limited and is only available primarily in three populous regions of the state. The Division of Medicaid has identified mass transit providers in two cities (Jackson and Hattiesburg) who are willing to provide transportation assistance to Medicaid beneficiaries. Bus passes will be purchased for the beneficiaries participating in the Jackson area. This transit provider has a demand response paratransit program currently in place. The transit provider in Hattiesburg provides a demand response service which is free for persons sixty-two years of age or older and has a certified physical disability. The selection of beneficiaries process will involve identifying beneficiaries for whom public transit is a viable option.

Estimated Costs with the Waiver

A NET Application Process

The Non-emergency transportation program expects that a reduction of two percent (2%) could be expected for non-repetitive (dialysis, chemotherapy and mental health) beneficiaries. The introduction of the application process will require revisions to the NET software used to arrange and assign transports. Presently, the Division is undergoing a major revision to the Mississippi Management Information System (MMIS) which will affect all aspects of claims processing and data management. The expected date to complete all system revisions is October 2003. Our target date for implementing the application process will be January 1, 2004 to allow for both software testing, mailing and processing of the application forms. Cost savings for the application process will be \$0 for the waiver year one. The cost savings for waiver year two will be \$251,181. The cost savings was estimated by analyzing the payment history and the number of transports arranged by NET coordinators to determine an average per month cost for NET services. Based on prior utilization data, approximately fifty-four percent (54%) of the NET cost are for repetitive dialysis treatments. The cost savings was determined by multiplying the average monthly cost (see Exhibit One) by forty-six percent (46%) to determine the average monthly cost for non-repetitive beneficiaries. Next, that figure was multiplied by two percent (2%) to determine the cost savings.

YEAR 1 - No savings - Process will be implemented in Year 2.

YEAR 2

Average Per Month Cost for All NET Services 1 st Six Months	\$2,230,598.90
Average Per Month Cost for All NET Services 2 nd Six Months	\$2,319,771.90
Average Per Month Cost for All NET Services All Twelve Months	<u>\$2,275,185.40</u>
Average Per Month Cost for non-repetitive beneficiaries	\$1,046,585.28 (\$2,275,185.40 * 46%)
Expected 2% Savings Per Month	\$20,931.71 (\$1,046,585.28 * 2%)
Yearly Savings (12 months)	\$251,180.52 (\$20,931.71 * 12)

B. Purchase of Public Transit Passes

The Non-emergency transportation program expects that for Waiver Year 1, fifty (50) beneficiaries receiving repetitive treatments in Jackson and five (5) beneficiaries in Hattiesburg could be moved from their current transport company to a para-transit service offered by the public transit authority. Beneficiaries receiving dialysis treatments are transported three times each week to dialysis for a total of 156 trips per year. The cost savings for each city are as follows:

City Name	Number of Beneficiaries	Number of Yearly Visits	Total Number of Round Trips	Present Provider Cost Per Round Trip	Public Transit Provider Cost Per Round Trip	cost Savings Per Trip	Total Yearly Savings
Jackson	50	156	7,800	\$36.10	\$2.60	\$33.50	\$261,300
Hattiesburg	5			\$72.20	Free	\$72.20	\$ 56,316
Total							\$317,616

For Waiver Year Two, the Non-emergency transportation program estimate that the number of beneficiaries using public transit could increase 50% based upon a successful pilot test in year one. The cost savings for year two would be as follows:

City Name	Number of Beneficiaries	Number of Yearly Visits	Total Number of Round Trips	Present Provider Cost Per Round Trip	Public Transit Provider cost Per Round Trip	cost Savings Per Trip	Total Yearly Savings
Jackson	75	156	11,700	\$36.10	\$2.60	\$33.50	\$391,950
Hattiesburg	8	156	1,248	\$72.20	Free	\$72.20	\$ 90,106
Total							\$482,056

Estimated Costs without the Waiver

A. NET Application Process

Without additional means to screen beneficiaries, the Non-emergency Transportation Program will experience misuse of the program **by** beneficiaries who have other means of transportation and provide misstatements to the NET coordinator when seeking assistance. **As** a result, the estimated cost savings of **\$251,181** in **Year 2** will not be achieved.

B. Purchase of Public Transit Passes

If the pilot program to utilize public transit providers for repetitive treatment beneficiaries **is** not placed into action, the Division of Medicaid **will** still be required to transport these beneficiaries using more costly private providers.

Appendix V. C.

Exhibit One

Month of Date of Service	Unduplicated Beneficiary Count With An Arranged Transport	Dollar Value of Arranged Transports (See Note)	Actual Payments through 9-23-2002	Unduplicated Beneficiary Count Based on Actual Payments
July 2001	7,774	\$2,156,812.92	\$1,922,457.20	7,250
August 2001	8,777	\$2,447,885.34	\$2,169,049.36	8,127
September 2001	8,431	\$2,255,434.91	\$2,023,406.15	7,827
October 2001	9,442	\$2,611,649.70	\$2,351,358.26	8,793
November 2001	8,706	\$2,459,095.18	\$2,119,534.02	7,990
December 2001	8,113	\$2,368,014.76	\$1,974,725.40	7,358
January 2002	9,331	\$2,716,745.56	\$2,249,072.26	8,460
		\$2,466,968.52	\$2,131,640.96	8,038
March 2002	8,795	\$2,583,703.62	\$2,208,776.81	7,923
April 2002	9,140	\$2,722,705.35	\$2,359,759.51	8,439
May 2002	8,632	\$2,700,981.48	\$2,014,817.10	7,527
June 2002	8,093	\$2,444,368.73	\$1,682,859.26	6,835
July 2002	8,871	\$2,490,159.03	\$2,037,760.36	8,132
August 2002	9,569	\$2,539,451.17	\$1,622,836.68	7,631

Note: The dollar amount for arranged trips represents the cost that would have been incurred if all arranged trips were completed. In some instances, trips are canceled by the beneficiary and **are** not billed **by** the NET providers. The actual paid amounts for dates of service in each month are listed in the final column. All Medicaid providers have up to one year to bill for services rendered.

To determine an average monthly cost for NET services, a calculation was made to determine an average percentage **of** arranged transports that were ultimately completed and were paid through the claims system. To arrive at a baseline percentage, the dollar value of trips arranged for the months of January 2002 through March 2002 were divided **by** the amounts actual paid. **This** period **was** used because it

represented the most likely period of time when all arranged transports which were actually conducted would have been **billed** and paid to the providers. This provided us with an average of 85% (\$6,589,587.40/\$7,767,417.70). In addition, an average number of beneficiaries with claims which were actually paid was determined. Again, the time period January 2002 through March 2002 was used. The average percentage of beneficiaries with a paid claim over the number of beneficiaries with an arranged transport **was 91%** (24,421/26,851). At the end of Fiscal Year 2002, the Division instituted new cost saving policies. The savings as a result of these policies **will** be reflected in transports occurring on or after July 1, 2002. In order **to** obtain an average monthly cost, the average dollar amount of arranged trips for July and August 2002 was multiplied by 85%. This resulted in an average monthly cost of \$2,137,584.34 $((\$2,490,159.03 + \$2,539,451.17 * 0.85) / 2)$. The average number of beneficiaries represented by these claims was computed by multiplying the number of arranged beneficiaries by **91%**. This resulted in an average of 8,390 beneficiaries $((8,871 + 9,569 * 0.91) / 2)$. The average cost per beneficiaries using these figures is \$254.78 $(\$2,137,584.34 / 8,390)$.

The cost without the waiver was computed by determining an estimated growth rate times the average per beneficiary cost using historic information. The Division estimates that the number of beneficiaries using **NET** services will grow at a rate **of** four (4) percent each year. **All** cost estimations were adjusted to compensate for the time difference between the fiscal year and the calendar year. The fiscal year for the State of Mississippi runs from July to June of each year.

The average monthly number **of** beneficiaries using NET for calendar year 2002 through August 2002 was **8,895**. This figure was then multiplied by 91% to determine an average number of beneficiaries that **will** eventually have a paid claim. The resulting figure was 8,094 $(8,895 * 0.91)$. This figure was used to extrapolate the expected number **of** beneficiaries using **NET** for Fiscal Years 2003-2005 (Note: The waiver is based on Calendar Years 2002 and 2003 which will encompass one-half **of** Fiscal Year 2003, all of Fiscal Year 2004 and one-half **of** Fiscal Year 2005).

Expected Monthly Beneficiaries Using NET During Fiscal Year 2003 - 8,418 $(8,094 * 1.04)$
 Expected Monthly Beneficiaries Using NET During Fiscal Year 2004 - **8,755** $(8,418 * 1.04)$
 Expected Monthly Beneficiaries Using NET During Fiscal Year 2005 - 9,105 $(8,755 * 1.04)$

The estimated cost **for** each Fiscal Year was determined by multiplying the average beneficiary cost by the expected number **of** monthly beneficiaries and then multiplying by twelve months.

Fiscal Year 2003 Estimated Monthly Cost = \$2,144,738.04 $(8,418 * \$254.78)$
 Fiscal Year 2004 Estimated Monthly Cost = \$2,230,598.90 $(8,755 * \$254.78)$
 Fiscal Year **2005** Estimated Monthly Cost = \$2,319,771.90 $(9,105 * \$254.78)$

The estimated cost for calendar **year** 2003 would equal six months of Fiscal Year 2003 and six months of Fiscal Year 2004 or \$26,252,021.64 $(\$2,144,738.04 * 6 + \$2,230,598.90 * 6)$

The estimated cost for calendar year 2004 would equal six months of Fiscal Year 2004 and six months of Fiscal Year 2005 or \$27,302,224.80 $(\$2,230,598.90 * 6 + **\$2,319,771.90** * 6)$

Regional offices

If you have questions about EPSDT or if you want to find out if your child is eligible for Medicaid, call toll-free 1-800-421-2408 or contact your local Department of Human Services office or your nearest Medicaid Regional Office in:

Brandon	(601) 825-0477
Brookhaven	(601) 835-2020
Clarksdale	(662) 627-1493
Cleveland	(662) 843-7753
Columbia	(601) 731-2271
Columbus	(662) 329-2190
Corinth	(662) 286-8091
Greenville	(662) 332-9370
Greenwood	(662) 455-1053
Grenada	(662) 226-4406
Gulfport	(228) 863-3328
Hattiesburg	(601) 264-5386
Holly Springs	(662) 252-3439
Jackson	(601) 961-4361
Kosciusko	(662) 289-4477
Laurel	(601) 425-3175
McComb	(601) 249-2071
Meridian	(601) 483-9944
Natchez	(601) 445-4971
Newton	(601) 683-2581
Pascagoula	(228) 762-9591
Philadelphia	(601) 656-3131
Starkville	(662) 323-3688
Tupelo	(662) 844-5304
Vicksburg	(601) 638-6137



The Mississippi Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of race, age, sex, national origin, handicap, or disability as defined through The Americans with Disabilities Act of 1990.

Office of the Governor
Division of Medicaid
Robert E. Lee Building, Suite 801
239 North Lamar Street
Jackson, Mississippi 39201

DOM/EPSTD P-7
Revised 10-00



EPSDT

Early and Periodic Screening,
Diagnosis, and Treatment



IN THE OFFICE OF THE GOVERNOR
STATE OF MISSISSIPPI
MEDICAID TITLE XIX PARTICIPATION AGREEMENT
FOR INDIVIDUAL MEDICAID NON-EMERGENCY TRANSPORTATION PROVIDERS

SECTION 1 - To be Completed by the Provider

Telephone Number

Name

Social Security Number

Residential Address
Street
City
State
Zip Code

Pay-to-Address:(R.O. Address)

I agree to provide transportation for any eligible Medicaid client.

VEHICLE INFORMATION 17 DIGIT NUMBER (VIN)	INSPECT. STICKER EXPIRATION DATE	LICENSE TAG EXPIRATION DATE	COUNTY NAME LICENSE TAG	VEHICLE LIABILITY INSURANCE EXP. DATE

VERIFIED BY:

NET SIGNATURE
DATE
I understand that I will not be reimbursed for any trip that does not have prior authorization. I understand that I will not be reimbursed for any trip provider that does not accept Medicaid. I certify that I have current driver's license (copy attached). I certify that I have a current liability insurance policy covering the above listed vehicle(s). I hereby agree to provide eligible Title XIX enrolled clients with transportation to Medicaid allowable services provided by Medicaid enrolled providers in the manner described on the front and back of this agreement.

PROVIDER SIGNATURE
DATE
NET COORDINATOR SIGNATURE
DATE

SECTION II - To be completed by ACS:

Getting good health care for your child shouldn't be a problem...and with the EPSDT Program it's not.

What is EPSDT?

EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) is a FREE health care program for Mississippi's children ages birth through 21 who are eligible for Medicaid. It provides a way for children to get the medical exams, check-ups, follow-up treatment, and special care they need to make sure they are healthy. It is sponsored by the Office of the Governor, Division of Medicaid.

What does an EPSDT examination include?

Your child's EPSDT exam will include:

- A complete physical examination
- Hearing and vision examinations
- Any shots that are needed
- Necessary blood and urine tests
- Blood lead levels
- An examination of your child's development—how he or she behaves, walks, talks, dresses, climbs, and eats
- An evaluation of the family's nutritional habits—what foods your child and his or her family eat
- Medical referral or referral to another health care provider if special problems are discovered during the exam

What other services does EPSDT provide?

EPSDT also provides:

- Preventive/restorative dental care
- Eyeglasses and hearing aids
- Adolescent counseling services
- Additional treatments and services that may be needed (such as additional office visits, prescriptions, and therapy services)
- Help with transportation and appointment scheduling

How often should an examination be done?

Your child should be scheduled for an EPSDT

examination at age:

- Birth to 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Once a year for ages 2 – 21 years

Where can an EPSDT examination be performed?

An EPSDT exam can be performed in:

- Health departments
- Head Start centers and some schools
- Private clinics
- Private doctors' or nurses' offices

How can a child be enrolled in EPSDT?

Your child can be enrolled in EPSDT by simply notifying your eligibility worker so that he or she can make the referral for your child to participate. You can also get your child enrolled in the EPSDT program by contacting your doctor, your primary care physician, your HealthMACS physician, or your local health department.

What do parents say about the EPSDT Program?

"I was glad to have a doctor to go to when my daughter, Karen, got hurt. I felt good knowing that her doctor was watching out for her. He gave her a check-up and even gave her the shots she needed to start school, and it was all free."

...

"I don't have the money to buy my children everything they want, but now I can give them the health care they need through EPSDT."

Since my children have been in the program they've missed less school and have even gotten better grades."

...

"It's not easy raising a son alone, but through EPSDT I know that he will get the medical attention he needs. That's a big weight off of my shoulders."

SECTION III -- GENERAL TERMS AND CONDITIONS:

1. The NET Provider agrees to derive NET services and the Division of Medicaid (DOM) agrees to pay for the services as set forth in this agreement.
2. The NET Provider agrees to make available to appropriate state and federal personnel, during regular business hours, all necessary records relating to services performed by the NET Provider. The NET Provider will maintain such records for a period of five (5) years.
3. The NET Provider agrees to submit claims for reimbursement in accordance with instructions from the DOM or its fiscal agent. NET Provider is responsible for the validity and accuracy of claims submitted.
4. The NET Provider agrees to provide transportation services without regard to race, color, religion, sex, national origin, or handicap.
5. The NET Provider agrees to abide by federal and state laws and regulations affecting the delivery of transportation services, including the use of safety belts and child restraints/car seats.
6. The NET Provider agrees to accept as payment in full the amount paid by the Medicaid program for those claims submitted for payment under that program.
7. The NET Provider understands that payment of claims will be from federal and state funds and that any falsification or concealment of material fact may constitute prosecution under federal and state laws.
8. The NET Provider will take no action that would circumvent or deny freedom of choice to Medicaid beneficiaries under the Medicaid program.
9. The NET Provider agrees to bill only those claims to DOM that have been prodded by the NET Provider to an eligible Medicaid beneficiary.
10. The NET Provider will refrain from offering or purporting to give any reimbursement, premium, or other free merchandise as a trade inducement to a Medicaid beneficiary and/or DOM representative.
11. The NET Provider is an independent transportation provider and DOM has no liability for negligent acts or omission of the NET Provider.
12. The NET Provider agrees not to keep a beneficiary in route from their pick-up point to their destination for more than ninety (90) minutes one-way, excluding travel time.
The NET Provider agrees to have a legal Mississippi driver's license and have a current inspection sticker, current license plate, and current standard liability insurance on the vehicle. The NET Provider agrees that if a client is in the NET Provider's vehicle when an accident occurs, the NET Provider must notify DOM within 24 hours after the accident.
14. The NET Provider agrees to notify DOM verbally and in writing within the first working day after the loss, inspection sticker, license plate, or liability insurance. This agreement is automatically suspended for the NET Provider and all vehicles affected until such time as a correction is made to remedy the loss, expiration, or cancellation of any insurance, drivers license, inspection sticker, license plate, or required insurance. Failure to provide DOM with the required information within the first working day may lead to termination of the NET Provider's participation in the Medicaid program and/or recoupment of funds paid to the provider for the time period in which the provider was in violation of the terms of the NET Provider agreement.
15. Payment may be withheld because of irregularity for whatever cause until such irregularity can be adjusted.
16. This agreement is subject to availability of state and federal funds, the cessation or reduction of which will constitute the voidance of this Agreement.
17. The Agreement is not transferrable or assignable by the NET Provider and may be terminated by thirty (30) days written notice by either party, with the exception of Paragraph 13.
18. In the event funds have been overpaid or disallowed, the NET Provider shall repay to DOM the full amount of the overpayment or disallowance within thirty (30) days of notification by DOM or its agent, or on terms mutually agreeable to DOM and NET Provider.
19. The NET Provider will not disclose any Medicaid beneficiary information except in connection with providing transportation services or submitting a claim for providing such services, or as otherwise authorized by DOM.
DOM may conduct a background check including, but not limited to, a driver safety review.

MISSISSIPPI DIVISION OF MEDICAID
PROVISION OF NON-EMERGENCY TRANSPORTATION
REQUEST FOR BIDS

The State of Mississippi, Office of the Governor, Division of Medicaid, hereafter referred to as **DOM**, is interested in accepting bids from transportation providers to provide non-emergency transportation (NET) services to Medicaid beneficiaries for the purpose of transporting them to Medicaid approved medical providers. The transportation services to be provided are door-to-door. Further the services are demand-response; therefore, there is no guarantee of a certain level of utilization of transportation services in any regions of the state for which bids are submitted. Eligible bidders must be companies or organizations which have at least twelve (12) months of experience providing local and long distance transportation services to live human beings in the State of Mississippi. Individuals are not eligible bidders for the purpose of this Request for Bids (RFB). This experience must be continuous and verifiable and must consist of a minimum of three separate trips a week. Additional requirements and qualifications for interested bidders are included in this request for bids, hereinafter referred to as the RFB. Interested bidders should review all of the information included in this RFB.

I. Explanation of Services Sought

A. Description of NET Services

DOM ensures access by Medicaid beneficiaries to medical services available to them through the Medicaid program by providing transportation assistance to those beneficiaries who qualify for such assistance. Transportation assistance is made available to eligible beneficiaries through contractual agreements between DOM and companies/agencies which provide transportation services. All transports are prior approved by NET coordinators located in the twenty-four Medicaid regional offices located throughout the state. The coordinators handle all requests from Medicaid beneficiaries for NET assistance including the assignment of transports to area transportation providers.

Transportation providers are required to complete a Medicaid **NET** documentation form for each transport they provide as authorized by a NET coordinator. This form is signed by the medical provider to whom the transportation provider transported the Medicaid beneficiary as evidence that the transportation service was provided. Transportation providers are responsible for billing DOM electronically, using software provided by DOM, for any authorized transports they provide.

B. Authority

This RFB is issued under the authority of Title XIX of ~~the~~ Social Security Act as amended, implementing regulations issued under the authority thereof and under the provisions of the Mississippi Code of **1972** as amended. **All** prospective bidders are charged with presumptive knowledge of all requirements of the cited authorities. The submission of a valid executed bid **by** any prospective bidder shall constitute admission of such knowledge on the part of the prospective bidder. The Division reserves the right to reject any and all responses to this RFB.

C. Scope of Work

The state is divided into thirty-two (**32**) service regions (see Attachment UD-1 for a description of each service region). Each region **will** be serviced by one bidder who **will** be the primary provider in that region. The primary provider will provide all transportation services required **by** the Medicaid beneficiaries in that region including ambulatory services, lift services, and transportation services for children who must travel in child safety seats. Transportation services will be provided on a door-to-door basis. Fixed route services are not acceptable, and bids **for fixed** route services will **be** considered non-responsive to this RFB.

The primary provider in each region may also serve as an alternate provider for each contiguous region. **A** primary provider may be requested **by** DOM to provide transportation services as an alternate provider in a contiguous region when the primary provider in that region is unable to meet the transportation assistance needs of Medicaid beneficiaries. **A** provider which provides transportation services as an alternate provider will be paid for these services at **a** rate of 1.5 times the unit (one-way trip) rate in the region **in which** that provider is primary. **Primary** providers will **be** offered the opportunity to ~~serve~~ as alternate providers in contiguous regions **based** on their bid scores in the regions where they serve as primary providers, with the provider with the highest **bid** score receiving the first option to serve as an alternate provider.

The bidder for each region must comply with all of the provisions included in this RFB. Awarding of each region shall be made according to a bid evaluation process described in Section IV - Bid Evaluation. The bidder for each region will enter into a contract with DOM for a term of fourteen (**14**) and one-half months from April **16**, 2001 to **June 30**, 2002. **At the** discretion of DOM, the contract may be extended for up to two one-year periods. DOM will attempt to give **a** thirty (**30**) day notice of our intent to extend the contract.

11. Bid Requirements

A. Schedule for the RFB

The following timetable is **anticipated** for the bidding **process**:

Issuance of the RFB	February 16,2001
Deadline for Receipt of Questions from Interested Bidders	February 20,2001 at 5:00p.m.
Bidders' Conference	February 21,2001
Issuance by DOM of Written Answers to Questions from Bidders' Conference	February 22,2001
Closing date for Receipt of Responses to the RFB	March 2,2001 at 5:00p.m.
Announcement of Award of Bids	March 16, 2001
Provision of NET Services By Bidders Begins	April 16, 2001

DOM reserves the right to amend the **timetable** in the best interest **of** DOM.

B. Restrictions on Communications with DOM Staff

From the issue date of this RFB until service regions **are** awarded to **bidders and the** contracts **for** NET services to be provided in the **service** regions are **signed**, interested bidders and/or their representatives **are** not allowed to communicate **with** any staff of DOM regarding **this** RFB **except** as follows:

Phyllis Mullins, Issuing Officer
Division of Medicaid
Suite 801
Robert E. Lee Building
Jackson, Mississippi 39201-1399
Telephone: 601.359.5244
Fax: 601.359.5252

C. Submittal of Bids in Response to the RFB

Responses from bidders to this RFB **may** be mailed or hand delivered under **sealed** cover to the address as follows:

Division of Medicaid
Attn: Phyllis Mullins, Issuing Officer
Robert E Lee Building
Suite 801
239 North Lamar Street
Jackson, MS 39201 - 1399

DOM **is** not responsible for responses to this RFB which may be lost or misdirected through the mail. Responses sent to DOM by **fax** or over the internet will not be accepted.

No bid packages will be accepted **at** the NET administrative offices located at 1919 Lakeland Drive, Jackson, Mississippi.

All bids **must** be received by DOM by **5** p.m. CST on March 2, 2001, whether delivered by **mail or** hand delivered. **Any bids** received after this date **and** time will be rejected and **returned** unopened to the bidder. Bids **will** remain sealed until the evaluation of bids begin. (See Section IV - Bid Evaluation.) Interested bidders **must** submit one (1) original and five **(5) copies** of each bid.

DOM reserves the right to request necessary amendments from all bidders, reject any **and all bids** received, or cancel this RFB, according to the best interest of DOM. DOM **also** reserves **the right** to waive minor irregularities in bids provided such action is **in** the best interest **of** DOM. Where DOM may **waive** minor irregularities as determined by DOM, such waiver **shall** in no **way** **modify** the RFB requirements or **excuse** the bidder from full compliance with the RFB specifications and other contract requirements if the bidder is successful.

DOM reserves **the** right to exclude any and all non-responsive proposals **from** any consideration for contract award. **DOM** will award the contract to the bidder in each region whose bid is responsive to **the** solicitation and is most advantageous to DOM in price, quality, and **other** factors considered. DOM reserves the right to **make** the award to **a** bidder other than the bidder bidding the lowest price when it can **be** clearly demonstrated to the satisfaction **of** DOM that award to the low bidder **would** not be in the best interest of DOM and the **State** of Mississippi.

D. Bid Amendments and Withdrawal

Prior to the bid due date, a submitted bid **may** be **withdrawn** by the submitting bidder if that bidder submits a written request for its withdrawal to DOM, signed **by** the bidder.

A bidder may submit an amended proposal before **the** due date for receipt of **proposals**. **Such**

amended proposal **must** be a complete replacement for a previously submitted bid and must be clearly identified in the Transmittal Letter. DOM will not merge, collate, or assemble proposal bid materials.

Unless requested by DOM, no other amendments, revisions, or alterations to bids will be accepted after the proposal due date.

E. Acknowledgment of Amendments

DOM reserves the right to amend the RFB at any time prior to the **date for** bid submission. Amendments will be sent to all entities which attend the Bidders' Conference or to whom a copy of the RFB was sent by DOM. Amendments will be delivered by certified mail with return receipt requested or by other carriers that require signature upon receipt. Bidders must acknowledge receipt of an amendments to the RFB in its response.

F. Bidders' Conference

Staff of the NET program will not be available to answer interested bidders' questions regarding this RFB except at the Bidders' Conference which will be conducted by DOM on Wednesday, February 21, 2001 from 1:00p.m. until 2:30p.m. at the ETV Auditorium located at the Research and Education Center, 3825 Ridgewood Road, Jackson, Mississippi. During the conference, staff of **DOM** will address questions from interested bidders regarding **this** RFB. Questions to be addressed by DOM at the bidders' conference must be submitted in writing to **DOM** via the DQM website at www.dom.state.ms.us by clicking on the Submit Questions button. Questions submitted to **DOM's website will** be acknowledged by Phyllis Mullins via the Internet. Questions may also be submitted by fax to Phyllis Mullins at (601)359-5252. Questions submitted to DOM by mail **will** not be answered. The deadline for submitting questions is **5:00p.m.** CST February 20, 2001. This deadline applies to questions submitted to DOM via our website or by fax.

At the bidders' conference, questions sent in writing via the DOM website or by fax will be answered. If all questions received in writing by DOM by the deadline indicated above have been answered before the 2:30p.m. ending time for the bidders' conference, bidders will be allowed to submit in writing additional questions to be answered by DOM staff. **Following** the bidders' conference, bidders in attendance at the conference will receive by mail from DOM copies of these questions and the answers to them provided by DOM staff during the bidders' conference.

A court reporter will be in attendance at the bidders' conference.

G. Bid Responses

Interested bidders may offer **bids** on as many of the 32 service regions as desired (see Attachment UD-1 for a description of each service region). A separate bid **must** be submitted for each region on which the bidder is bidding. The Bidders' Response form must be used by interested bidders for

each bid submitted. Responses to this RFB which do not utilize the Bidders' Response Form **per** the instructions on the form will be considered non-responsive to this **RFB and will receive no** further review.

Bidders who submit bids for more than one region **must** rank each bid in their order of preference for being awarded the regions. The region **most** preferred by a bidder will be numbered **1** in the field entitled Rank Order on **the** first page of the Bidders' Response **form**. The region which represents the bidders' second choice will **be** numbered **2** in the field entitled Rank Order on the first page **of** the Bidders' Response form, and so on. The rankings will **be** used in the event **a** bidder has **the** highest score in more than two regions **to ensure** that the rules which apply in awarding regions (See IV. Bid Evaluation) **to bidders** are met.

Bids must include:

1. a transmittal letter
2. the Business Component
3. the Price Component
- 4. a completed Disclosure of Ownership and Control Interest Statement (HCFA 1513)**
- 5. a Request for Taxpayer Identification Number and certification (W-9)**
- 6.a DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions (45 CFR 76.635, Appendix A).**

1. Transmittal Letter

Each bid submitted in response to this RFB must include a transmittal **letter** addressed to **Phyllis Mullins** which includes the following:

- a statement that the bid is being submitted in **response** to this RFB
- **a** statement indicating the service region for which the response is being submitted
- a statement that the individual who signed the letter is authorized to legally bind the bidder

Bids submitted without transmittal letters or **with** transmittal letters which **do** not include the three statements indicated above will be considered non-responsive and will **be** returned to the bidder with **no** further review.

2. Business Component

Each bid submitted in response to this RFB **must** include a Business Component **which** describes in detail how each requirement listed below will **be** addressed for the region(s) being **bid** upon. The Business Component will constitute seventy (**70**) percent of the bidder's score. **The** bidder must address each of the following requirements in the Business Component of **each** bid submitted.

1. The bidder must **be** a company or organization which has at least twelve (12) months of

experience providing local and long distance transportation services to live human beings in the State of Mississippi. This experience must **be** continuous and verifiable and must consist **of** a minimum of three separate trips a week.

2. The bidder **must** maintain a business office within the boundaries of the State of Mississippi.
3. The bidder must provide at least one employee available through at least one toll-free number who is knowledgeable and authorized **to** take immediate action to **resolve** any problems which arise during the transport of any beneficiary. Such **employee(s)** must be available at any time a Medicaid beneficiary **is** in transport by the bidder. **This** includes any hour of the day or night and any day **of** the week including Saturdays and Sundays and holidays that a beneficiary is **in** transport.
4. The bidder agrees to provide individual door-to-door, demand-response service to all Medicaid beneficiaries residing in the awarded region who require NE? assistance. The bidder must transport those beneficiaries to their medical appointments regardless of the location **of** the appointments. This may include transportation to locations outside the bidder's service region and may include transports to medical providers in communities outside the State of Mississippi. **There will be no exceptions to this requirement.** Further, in some cases a beneficiary **may require** transportation from a medical provider's office to another medical provider's office without prior notice. For example, if a beneficiary is transported to a dialysis facility and during that visit the beneficiary **is** required to be transported to a hospital for **declotting**, the bidder is required **to** transport the beneficiary to that hospital regardless of the location of the **hospital**. **Any** other beneficiaries that were transported **to** the dialysis facility must not **be** required to wait for the beneficiary who was transported for declotting to return before they **are** transported to their return destination **unless** it can be done within the time limits specified in Item 6 below.
5. The vehicles used by the bidder to transport Medicaid beneficiaries must meet the physical needs of the beneficiaries and provide comfortable transports for them. This includes, but is not limited to, **the** following:
 - Wheelchair vans and passenger vehicles must permit easy entering and exiting **of** the vehicles by beneficiaries. For example, **if** an ambulatory beneficiary is unable to use her **legs** to climb, a vehicle which has steps to enter the vehicle would not be appropriate for this beneficiary.
 - **All** vehicles must have heat, air conditioning, windows, etc. in good working order.
 - Vehicles used to provide transportation to persons with disabilities must comply with applicable federal **laws** including **the** Americans with Disabilities Act (**ADA**).
 - Vehicles used to transport beneficiaries **must** have a seating capacity of no more than

eight (8) persons with the exception of lift vehicles. **The** bidder may transport no more **than** four **(4)** persons at a time including the driver. Regardless of the number of persons transported at a time, the bidder must meet the travel time requirements indicated in Item 6 below.

6. The bidder agrees to the following time requirements **when** transporting beneficiaries:
- The beneficiary shall not be picked **up** more than **thirty** minutes prior to her appointment time.
 - **The** beneficiary shall not be **in** transport to the medical appointment more than thirty **(30)** minutes plus the time necessary **to** drive **from** her **pick up** location to her medical provider if she were **the** only beneficiary being transported. If more than one beneficiary is transported, no beneficiary will be **in** transport more than thirty **(30)** minutes plus the time necessary to transport her to her medical appointment if she were the only beneficiary being transported.
 - The beneficiary shall not wait more than thirty **(30)** minutes prior to **the** end of her appointment **before** being picked up by her **driver**.
 - Following the completion of her appointment, the beneficiary shall be **in** transport to her return destination no more than thirty **(30)** minutes **plus** the time necessary to drive from **her** medical provider to her return destination **if** she were the only beneficiary being transported. **If** more **than** one beneficiary is transported, no beneficiary will be **in** transport more than thirty **(30)** minutes **plus** the time necessary to transport her to her return destination **if** she **were the only** beneficiary being transported.
 - The beneficiary who requires transport from one medical provider to another medical provider (see Item 4 above) shall be picked **up** for transport to the second provider no more than thirty **(30)** minutes **after** the bidder is notified **of** the necessary transport.
7. The bidder must maintain **all** vehicles used to transport Medicaid beneficiaries in a roadworthy manner. Roadworthy includes, but **is** not limited to, the following:
- **All brakes** and turn signal lights shall **be** fully functional **with** no broken or missing lens(es) covering the brake and/or turn signal bulbs.
 - All rearview mirrors mounted both **in and** outside of the vehicle shall be fully intact with no cracks or other physical damage which would prevent the driver from using the mirror(s) for the purpose intended.

- **The** windshield shall be intact with no running lines **which** are in direct **view** of the driver.
 - **All** seat belts shall be in working order.
 - **All tires** shall be in good condition and not **be** balding nor have tread wear which would indicate the end **of the** useful life of the tire(s).
 - All doors shall be intact and the locking mechanisms shall be in working order.
 - **All** safety equipment[e.g. the horn, air bag(s), **btakes**] shall be in working order.
 - **Child** safety **seats** shall be appropriate **for the** vehicle in which they **are** used, and shall be in good working order. Further, each child under **the** age of four shall be transported in a child safety scat in the manner prescribed by state law according to the age and weight of the child.
 - **The** bidder must develop and maintain separate files for each NET service vehicle containing copies of vehicle maintenance records for each vehicle **used** to transport Medicaid beneficiaries, NET vehicle repair work, and the vehicle title or a lease **agreement** for **each** vehicle.
8. The bidder must identify the staff and vehicles used to transport Medicaid beneficiaries as personnel and **equipment of** the bidder as follows:
- Each driver must wear **a** photo identification card which identifies her name and the name of **the bidder's** company. **The** photo identification card must **be** worn in a visible location on **the** driver's person at all times when transporting any Medicaid beneficiary.
 - **A** photo identification of the driver including her **name** must be posted inside the vehicle in a location that is easily visible to passengers.
- The bidder must mark the driver and passenger doors of vehicles utilized to transport beneficiaries with the bidder's company name. The lettering may be painted on the vehicle, **or** magnetic signs may be used. Magnetic signs must be **a** minimum **of 24** inches wide and 12 inches tall, The word "Medicaid" must **NOT** be used. **The** name of the company must **be** in letters which **are** at least two **(2)** inches in height and in a color that is easily readable.
9. **All** drivers employed by the bidder must meet the following conditions:

- Each driver used by the bidder must have a valid driver's license in accordance with **Mississippi law** that **is** applicable to the type of NET service vehicle operated by that driver.
 - Drivers used by the bidder must have no prior convictions for drug or **alcohol** related substance abuse, **sexual** offense, **or** crimes of violence. If a driver is suspected of driving under the influence of alcohol, narcotics or dangerous drugs, the driver shall be immediately removed from providing service to Medicaid beneficiary.
 - Drivers who have had **within** the last five **(5)** years, **or** currently have, suspended or revoked driver's license are prohibited from driving for any **purpose** under this contract.
 - Drivers who receive, in any combination, two (2) citations for moving violations or **are** involved **in** accidents where the bidder's driver was at fault during the full term of **the** contract **must** be removed as the bidder's drivers from providing service to Medicaid beneficiaries.
10. All beneficiaries should be contacted by the bidder **by 9:00 p.m.** the night prior to their schedule **appointments** to arrange for a pickup **time**, to confirm directions to their pickup location, and the location of their appointments. **If** the bidder **is** unable to reach the beneficiaries before **9:00 p.m.**, the bidder should contact **the** beneficiaries two (2) hours prior to pick **up** time.
11. The bidder agrees that the drivers shall:
- Provide each beneficiary with a business card with the **name** of the driver and the toll-free number of the bidder's **main** office. This card should be given to the beneficiaries each day they are transported.
 - **Provide** assistance, as necessary, to or from the main door of the place of pick-up and return destination. **This** includes stabilizing or steadying **the** beneficiary as she ambulates. It does not include toileting, dressing, tugging on **or** lifting a **beneficiary**.
 - Not smoke or permit others **to** smoke while in the vehicle or while involved in beneficiary assistance, entering or exiting the vehicle, or in the presence of any beneficiary.
 - Identify and announce their presence at the entrance of the building at **the** specified **pick-up** location.
 - Provide assistance to passengers in the process of being **seated**, including **the**

fastening of the seat belt if the passenger cannot fasten his/her seatbelt. Drivers shall confirm, prior to allowing any vehicle to proceed, that wheelchairs and wheelchair passengers are properly secured and that all passengers seat belts are fastened.

- Not transport beneficiaries who refuse to wear seatbelts. In that event, the driver should contact his business office who in turn should contact the NET coordinator.
 - Provide support and oral directions to passengers and assist mobility-limited persons as they enter or exit the vehicle using the wheelchair lift. Driver assistance shall also include stowage and securing of mobility aids and folding wheelchairs to ensure the safe transport of beneficiaries.
12. The bidder agrees to have a disaster recovery plan designed to minimize any disruption of transportation services caused by a disaster at the bidder's business office or other facilities or while transporting Medicaid beneficiaries. It is the sole responsibility of the bidder to maintain adequate backup to ensure continued transportation capability.
 13. The bidder agrees to maintain sufficient computer hardware and software to support electronic submission of claims to the fiscal agent. The bidder must also have Internet access capability.
 14. The bidder agrees to maintain at all times a current listing of designated NET drivers utilized by the bidder. In addition, for each driver, a NET driver file shall be maintained and shall contain a current copy of the valid driver's license and an annually updated Mississippi Department of Public Safety Motor Vehicle Driver Report (MVR) MVRs shall be obtained at the hire date of each driver and every June thereafter; however, if less than three months have passed from the hire date until June, then the report obtained at the hire date will be considered to be current.
 15. The bidder agrees to provide or arrange for the provision of NET drivers safety training as required by the Mississippi Department of Transportation and DOM (Agreement between DQM in the Office of the Governor, State of Mississippi, Attachment E included as Item III. of this RFB). The bidder agrees to maintain for each required course, copies of all training materials and information which identifies the credentials (resume, certifications, licenses) of the instructor(s). This file should also contain a sign-in page for each course which contains the signature of the employee receiving training, the name of the course, the name of the instructor(s) and the date(s) and length of time. Finally, the bidder agrees to maintain a training file for each driver. This file shall contain progress reports which indicate the course(s) that have been completed and the date(s) and length in hours or days of the completed courses. Drivers employed by the bidder who are certified by the Mississippi State Department of Health as either an Emergency Medical Technician or a Paramedic are exempt from the first aid and disability awareness education requirements listed in this paragraph upon a written presentation and verification to DOM of the above referenced

qualifications.

16. The bidder agrees to ensure that each vehicle used to transport Medicaid beneficiaries maintain the ability to perform two-way voice communications at any time with emergency personnel in the event of an emergency during the transport of a Medicaid **beneficiary**. (For purposes of this paragraph, pagers do not qualify as a two-way voice communication device).
17. The bidder agrees to maintain liability insurance coverage appropriate to the services provided to Medicaid beneficiaries through an insurance carrier which is licensed **with the Mississippi** Department of Insurance **to** conduct business **in** Mississippi and which participates in the Mississippi Insurance Guaranty Association (**MIGA**). In addition, **the** insurance agent **is** required to send DOM a copy **of** the Certificate(s) of Insurance for the bidder's vehicle liability, **and** general liability policy coverage which clearly defines each party and vehicle insured, and the amounts of insurance coverage, as well as a copy **of** the declaration page of each insurance policy. In addition, **if** coverage for Workers' Compensation insurance is required **per** State law, the bidder's insurance agent must submit to the Division a copy of the Certificate of Insurance and a declaration **page**. The **Workers'** Compensation insurance company does not have to participate in the **MIGA**;

The bidder **shall** also obtain and maintain at all times during the duration **of** the contract the following insurance coverage **in** the amounts specified below:

- (a) Comprehensive automobile liability coverage. **If** the bidder falls under the jurisdiction of the **U.S.** Office of Motor Carrier Safety and/or the **Mississippi** Public Service Commission, the Bidder is required to maintain comprehensive automobile liability coverage in the amount required by those regulatory agencies. The policy must include **hired and** non-owned vehicles, in an amount not **less** than the amount set by the regulatory agency and shall cover bodily injury, death and property damage. **If** the bidder does not fall under the jurisdiction of the **U.S.** Office of Motor Carrier Safety and/or the Mississippi Public Service Commission, the bidder shall have comprehensive automobile liability insurance, including hired and non-owned vehicles, in **an** amount not less than one million dollars (\$1,000,000) covering bodily injury, death and property damage.
- (b) Comprehensive general liability insurance in an amount not less than one million dollars (\$1,000,000) coverage for blanket contractual liability, broad form property damage, personal injury and bodily injury (including illness, disease and death), and products/completed operations.
- (c) Workers' Compensation insurance in the amounts required pursuant to the laws of the State of Mississippi.

If the Bidder is required to maintain primary comprehensive automobile insurance in excess of \$1,000,000, compliance can take place **by** a combination of primary **comprehensive** automobile liability insurance **policy** plus an umbrella (for the excess) policy.

All insurance policies required herein shall be issued by an insurance company or **companies** licensed to do business in the State of Mississippi and shall include DOM as a certificate holder but not as an additional insured.

The bidder shall submit evidence of such insurance coverage to **DOM** annually and prior to beginning vehicle operations. Coverage shall remain in effect uninterrupted **at** all times during the contract period. The bidder must notify DOM's Bureau of Compliance and Financial **Review** in writing at least **fifteen** (15) days prior to any change(s) in the bidder's insurance coverage (Note: Any insurance policy lapse or coverage reduction, below the required coverage levels, occurring in **the** bidder's automobile or general liability insurance policies underwriting the **NET** contract during the duration of the contract as a result of either the bidder's gross or ordinary negligence or unreported insurance policy changes, may result in the immediate termination of this contract by DOM).

Current NET group providers are not required to submit this information to DOM for the purposes of the RFB. However, all insurance requirements must be followed, and insurance information **will** be required to be submitted for any contract awarded through this RFB.

18. The bidder agrees to establish and maintain an accounting system which **is** capable of identifying the necessary and allowable costs *to* provide NET services. Bidders which operate other businesses must be able to segregate shared cost (e.g. rent, utilities) **based upon** a formula that is acceptable to **DOM**. In addition, ~~the~~ Bidder must keep records on a monthly basis which identify the total expenses incurred and the portion of those expenses attributable to providing Medicaid NET service. Finally, the bidder shall maintain records on a monthly basis which identify the total number of transports provided and the portion of those transports which are Medicaid NET transports.
19. **The** bidder agrees to make available to appropriate state and federal personnel ~~as determined by~~ DOM, all necessary records relating to the provision of NET Medicaid services performed by the bidder. The bidder agrees to maintain at the bidder's business office (located within the State of **Mississippi**) ~~all~~ records and **files** outlined in this RFB. ~~These files~~ include, but are not limited to, vehicle and driver files, driver training records, insurance policies, financial information and Medicaid NET Documentation forms for each transport. The bidder shall maintain such records for a period of five **(5)** years after the end of the state fiscal year (July 1 to June 30) in which payment was received for **services** (for example, documentation for a transport on July 1, 1999, paid during that state fiscal year ~~must~~ be kept until July 1, 2005). In addition, ~~the~~ bidder agrees that all documentation will be kept in an orderly, auditable fashion.

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20. The bidder understands that no official or employee of **DOM** and no other public official of the State of Mississippi or the federal government **who** exercises any functions **or** responsibilities in the review or approval **of** the undertaking or carrying out of a contract awarded to the bidder shall acquire any personal interest, direct or indirect, in the contract. **A** violation of this provision shall constitute grounds for termination of this contract. In addition, such violation will be reported *to* the State Ethics Commission, Attorney General, and appropriate federal law enforcement officers **for** review.
- 21 The bidder shall be responsible for responding to complaints concerning the provision of transportation services to Medicaid beneficiaries. Complaints may come from beneficiaries, medical providers, NET coordinators, Division of Medicaid staff and any other individual or entity acting on behalf of a beneficiary. The bidder shall record **all** complaints received in **a log** book. **The** log book shall contain, at a minimum, the date and time the complaint was received, the name of the complainant along with a contact phone number, the name of the beneficiary, and the nature of the complaint including the dates of service that were affected. The bidder **must** respond **back to** the complainant within **one** business day **and** have a written record of **the** complaint and its resolution. The bidder **must** maintain the complaint records for five years.

The bidder shall compile and analyze complaints on a monthly basis and prepare a report to ensure the quality **of** services to beneficiaries. **The** report **must** be **sent** to the Bureau of Compliance and Financial Review at DOM on a monthly basis and include a description of corrective actions taken to ensure service delivery conforms with the requirements of this contract.

3. Price Component

Each bid submitted in response to this **RFB** must include a Price Component which indicates the price or fee which will be charged by the bidder **for** transports provided. **A** transport is defined as a one-way trip

Each bidder will be paid the same **fee** **for** each transport provided during the duration of the contract regardless of the conditions of the transport such as the type of transport provided (ambulatory transport or lift transport), the distance travel by the bidder for each transport, the time and date of the transport and regardless of the total number of transports provided during the contract period. Bidders who submit responses to this RFB which include multiple fees to provide service in one region **will** be considered non-responsive to this RFB. Such responses will receive no further consideration and will be returned to the bidder. Bidders must include in **the** price component of the bid the fee **for** transportation services which the provider will charge. The fee must be in whole dollar amounts.

4. Disclosure of Ownership and Control Interest Statement(HFCA)

See explanation under Number 6 below.

5. Reauest for Taxpayer Identification Number and Certification (W-9)

See explanation under Number 6 below.

**6. DHHS Certification Regarding Debarment, Suspension. and Other Responsibility Matters
Primary Covered Transactions (45 CFR 76.635, Appendix A')**

Each of these forms must be completed and submittcd **as** part of the bidder's response **to** the RFB for each **bid** submitted. Each form must be signed by a representative who is authorized to legally **bind** the bidder. Interested bidders may access copies of these forms by clicking on the name of each form on the first page of this RFB.

III. Utilization Data

DOM is providing utilization data for bidders to consider in the preparation of their bid. DOM is not responsible for any misinterpretation **of** the data by **the** bidder (since non-emergency transportation is based on demand and continued federal funds, no guarantees of usage or growth trends are being made by DOM. The Division is providing the following information:

Attachment UD- 1 - This attachment details **the** counties contained in each bid region. **In** addition, the number of units billed **by group** providers from **July** 1,2000 to December **31**, 2000 is indicated for each region along with the percentage **of** state-wide units.

Attachment **UD-2** - This attachment details the number of units billed by group providers between July 1, 1999 and December **3 1**,2000. The data is **based on** the beneficiaries' county of residence and **is** grouped according to that county's regional office. In addition, the data is further broken down into six month segments to show the growth or decline over an eighteen month time period.

Attachment UD-3 - This attachment details the percentages of transports by county for calendar year 2000 that were **performed** by passenger **vehicles and** lift vehicles for each county. In addition, this attachment details the approximate number of beneficiaries as of February 6,2001, **by** county that require the use of wheelchairs. (Please **note** that since this is demand response these numbers are subject **to** change at any time.)

All statistical information provided by DOM in relation to this RFB represents **the** best and most accurate information available to DOM from DOM records at the time of the RFB preparation. DOM, however, disclaims any responsibility for the inaccuracy of **such** data, and should any element of such data later be discovered to be inaccurate, such inaccuracy shall not constitute a basis for

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contract rejection **by** any bidder. Neither shall such inaccuracy constitute a basis for renegotiation of any payment rate after the bid/contract award.

IV. Bid Evaluation

A comprehensive, fair, and impartial evaluation of bids received in response to this RFB will be conducted. An Evaluation Committee **made** up of employees of DOM will be established to judge the merit of the bids according to criteria **set** forth in the RFB.

A **maximum** of one thousand (1000) points will be available for each bid. The contracts awarded for each region under this **RFB** will be made to the bidders receiving the highest number of total points. Further, awards to bidders will be governed by the following rules:

- 1. Each bidder may **be** awarded no more than five (**5**) service regions.
- 2. Each bidder **may** be awarded a total number of regions, not to exceed **5** regions, which together constituted no more than **25%** of the total number of transports provided in the state. See Attachment UD-1.
- 3. Each bidder may be awarded no more than two (2) contiguous service areas.
- 4. Bidders which are majority owned **by** the same individual, company, or entity, **will** be considered a single bidder for the purpose of awarding service regions and together **will be** awarded service regions based on **Rules 1, 2, and 3** above.

In order to ensure **that** appropriate NET services are provided in **every** service region of the state, DOM **reserves** the right to **waive** any of its criteria for awarding service areas to accommodate the transportation assistance **needs** of its beneficiaries.

The evaluation **will** be conducted in four **phases**:

- Phase 1 - Evaluation of Bidder's Response to the RFB
- Phase 2 - Evaluation of Business Component
- Phase 3 - Evaluation of Price Component
- Phase 4 - Ranking of Proposals
- Phase 5 - Awarding of Regions

Phase 1 - Evaluation of Bidder's Response to the RFB

DOM **wrll** determine if **each proposal** is sufficiently responsive to the RFB to permit a complete evaluation. Each **proposal** will be evaluated to determine if it is complete and whether it complies with the instructions to bidders in Section 2. Each proposal that is incomplete **will be** declared non-

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responsive and will be rejected with no **further** evaluation.

Phase 2 - Evaluation of Business Comaoiient

Only thase proposals meeting the RFB requirements **will** be considered in Phase 2. DOM **reserves** the right to waive minor variances or reject any or all proposals. DOM reserves the right to request clarifications from all bidders. The bidder must provide a sufficiently detailed response demonstrating that the bidder has considered all requirements and **developed** a specific approach to **meeting** each requirement. The business proposals will remain sealed and will not be opened and evaluated until all bids **are** received and the Evaluation committee has set the bid opening date.

The evaluation of the business proposals will involve the point scoring of each proposal. Points will be awarded for each requirement based on **the** bidder's ability to meet those requirements. **A** maximum of seven hundred (700) points **will** be available for **the** business proposal. For each requirement, points will **be** awarded **if** the bidder demonstrated an ability to comply with the requirement. In the event the information provided indicates that the bidder is unable to meet any rcquirment, then no points will be awarded for those requirements. The evaluation committee **will** record the total points awarded to each provider on the bid review worksheet and each member of the evaluation committee will **sign** the worksheet.

Phase 3 - Evaluation of Price Component

A maximum **of** three hundred (300) points will be assigned to the lowest acceptable proposal. Points for each proposal **will** be assigned using the foimula:

$$\frac{X}{N} * 300 = Z$$

Where **x** = lowest price
 n = bidder's price proposal
 z = assigned points

The total points awarded will be recorded on **the** bid review worksheet.

Phase 4 - Ranking of Bids

In Phase 4 of the evaluation process, the points awarded to each business proposal will be added to **the** points awarded for the price proposal on the bid review worksheet to determine the ranking **of** each bidder. In the event that a bidder's proposal included two or more contiguous regions, and/or more than five regions, and/or the bid regions contain more than twenty-five percent of the statewide transports. the evaluation committee will award regions first based on the rankings assigned to each region **by the** bidder. For example, if Bidder **A** had the highest point totals of all bidders for Regions One, Four, and Five, Bidder **A** could not be awarded **all** three regions because **they are** contiguous.

If Bidder A ranked them in order of Region One first, Region Five second, and Region Four third, then Bidder A would be awarded Regions One and Five and Region Four would go to the second best acceptable bidder.

Phase 5 - Awarding of Regions

After the Evaluation Committee has completed the evaluation and ranking of the bids, a summary report, including all evaluations and rankings will be submitted to the Executive Director. The Executive Director will make the final decision regarding the bidder for each region. After the decision is made, each bidder will be notified.

Attachment UD-I - Bid Regions and Percentage of Group Transports
For July 1, 2000 - December 31, 2000

Bid Area	Counties in Bid Area	No. Of One-Way Units	Percentage of Total Group Units Statewide
1	Desoto, Tate , Tunica	8,400	3.3%
2	Benton, Marshall	6,074	2.4%
3	Alcorn , Itawamba, Lee , Prentiss , Tippah, Tishomingo, Union	11,710	4.6%
4	Coahoma	10,755	4.3%
5	Panola , Quitman	7,784	3.1%
6	Calhoun, Lafayette , Pontotoc, Yaibusha	5,313	2.1%
7	Chickasaw, Clay, Monroe, Webster	7,007	2.8%
8	Bolivar	12,717	5.0%
9	Sunflower	6,735	2.7%
10	Carroll, Leflore	9,872	3.9%
11	Grenada, Tallahatchie	7,508	3.0%
12	Washington	17,201	6.8%
13	Holmes, Humphreys	12,735	5.1%
14	Choctaw, Montgomery, Oktibbeha	6,429	2.6%
15	Attala , Leake, Neshoba, Winston	3,610	1.4%
16	Kemper, Lowndes , Noxubee	606	0.2%
17	Issaquena, Sharkey, Warren	9,027	3.6%
18	Madison, Yazoo	8,569	3.4%
19	Hinds	20,820	8.3%
20	Rankin, Simpson	3,877	1.5%
21	Jasper , Scott, Smith	4,594	1.8%
22	Clarke, Lauderdale , Newton	2,465	1.0%
23	Claiborne , Copiah, Jefferson	8,923	3.5%
24	Adams, Franklin, Wilkinson	1,607	0.6%
25	Amite, Pike	4,431	1.8%
26	Lawrence, Lincoln , Walthall	4,920	2.0%
27	Covington, Jefferson Davis , Marion	8,772	3.5%
28	Jones, Wayne	10,239	4.1%
29	Forrest, Lamar, Perry	8,526	3.4%
30	Hancock, Pearl River, Stone	5,024	2.0%
31	Harrison	10,603	4.2%
32	George. Greene, Jackson	5,191	2.1%
		252,044	100.0%

Attachment UD-2 - NET Units Billed By 13 Providers

Client County	July 1999	Aug 1999	Sept 1999	Oct 1999	Nov 1999	Dec 1999	Total
015 - Cuyahoga	362	474	425	473	534	526	2814
025 - Huron	1664	1613	1760	1926	1571	1815	10349
045 - Franklin	554	588	557	512	436	445	3142
061 - Lorain	328	300	284	298	325	318	1853
Totals	2968	2975	3006	3209	2870	3104	18157
015 - Lucas	214	216	223	224	261	215	1353
019 - Williamson	0	0	0	0	32	180	202
Totals	214	216	223	224	293	395	1555
014 - Cuyahoga	764	795	879	884	835	835	5062
064 - Putnam	214	228	224	206	269	290	1431
069 - Putnam	312	322	313	283	337	283	1853
Totals	1290	1335	1416	1483	1441	1415	8413
005 - Bolivar, E.	840	888	978	978	1048	1045	5794
067 - Sullivan	524	601	660	716	684	746	4081
083 - Bolivar, W.	4	0	12	7	14	9	41
Totals	1568	1487	1651	1696	1744	1800	9866
046 - Marion	233	269	337	340	375	314	1958
074 - Winfield	13	32	32	23	23	23	126
Totals	246	301	369	363	400	342	1887
044 - Loudens	194	177	252	213	226	216	1278
057 - Newton	90	71	46	83	49	45	374
Totals	274	248	298	296	275	261	1652
002 - Alcorn	109	203	127	104	106	94	743
004 - Corinth	104	134	123	116	107	103	787
005 - Brandon	19	14	20	24	26	45	225
053 - Franklin	4	4	5	24	26	45	108
061 - Corinth	44	55	82	88	105	102	477
071 - Tallapoosa	22	41	32	52	46	58	251
Totals	336	478	352	414	450	442	2514
078 - Washington	1329	1308	1380	1595	1548	1568	8774
027 - Humphreys	614	728	775	784	825	811	4550
040 - Coffee	800	824	869	833	886	824	5275
062 - Yazoo	154	350	336	496	387	352	1985
Totals	1570	2012	2001	2023	2068	2057	11781
022 - Greene	322	394	428	415	462	428	2437
068 - Tallahatchie	312	397	424	407	378	298	2216
Totals	634	791	852	822	840	726	4713
021 - Hancock	4	3	10	0	4	0	20
047 - Madison	947	1060	1086	1207	1129	1297	6886
056 - Pearl River	235	198	245	260	278	240	1445
059 - Stone	62	72	86	84	88	100	492
Totals	1239	1370	1427	1551	1498	1637	8623
016 - Cowington	169	164	137	145	148	153	816
018 - Forrest	301	321	313	311	325	311	1886
033 - Jackson Davis	304	321	313	311	325	311	1886
037 - Lamar	54	118	92	96	103	95	563
Totals	861	925	830	846	937	958	5328

July 2000	Aug 2000	Sept 2000	Oct 2000	Nov 2000	Dec 2000	Totals	% Increase
623	672	597	582	614	721	4189	40.75%
2755	3710	2954	2654	4605	4311	20820	51.47%
782	849	848	618	1168	1128	5333	68.08%
241	243	241	324	342	241	1318	31.85%
4510	5271	4703	4379	3726	3722	22553	50.31%
89	104	60	45	36	62	415	77.82%
473	523	459	430	387	438	2710	67.85%
1498	1828	1721	1912	1861	1935	10765	78.99%
461	658	718	778	823	817	4553	77.14%
317	353	374	375	375	375	2017	6.45%
2336	3049	3013	3452	3024	3475	18339	71.15%
1374	1726	1871	2108	2220	2186	12485	98.74%
832	1014	1049	1136	1273	1441	6745	61.43%
49	30	26	21	54	35	235	364.00%
2255	2710	2946	3062	3567	4662	19452	85.19%
928	882	784	849	784	845	5977	67.98%
46	168	34	190	211	229	666	76.95%
875	1048	868	993	1005	1174	5963	69.07%
78	54	47	22	89	170	460	-55.51%
14	4	32	6	8	10	74	-50.00%
92	55	79	28	97	180	534	-54.82%
182	164	214	189	325	288	1458	83.87%
14	171	190	187	246	231	1175	66.83%
74	78	198	94	113	96	566	50.53%
165	195	244	335	260	246	1451	145.10%
133	100	120	151	164	122	750	49.31%
677	742	817	978	1099	967	5368	76.18%
2161	2815	3030	3210	3006	2979	17281	95.96%
1127	1174	1201	1312	1278	1403	7482	40.89%
1077	1353	1343	1544	1527	1343	8187	58.25%
411	435	501	683	618	548	3175	59.36%
2515	2959	3045	3319	3423	3284	18655	50.98%
428	538	924	841	616	760	3481	48.98%
400	890	1035	781	573	659	4537	64.57%
966	1220	1222	1402	1269	1485	7568	50.19%
85	158	158	309	294	304	1308	397.34%
1471	1741	1791	1822	1814	1864	10603	55.61%
282	431	434	418	394	401	2460	89.80%
172	214	188	185	208	278	1256	122.70%
2110	2543	2581	2735	2810	2647	15527	71.80%
212	213	218	271	271	262	1477	38.49%
587	627	695	795	934	1050	4953	65.99%
297	324	308	509	443	337	2218	32.42%
206	378	306	387	320	338	1923	205.86%
1302	1568	1427	1862	1968	1867	10211	86.71%

Attachment UO.3 - Percentage of Units Blamed By Group Problems By Vehicle Type For Calendar Year 2000
And Number Of Bicycles/Chairs Requiring A Wheel Chair Vehicle As of February 6, 2001

Client County	RO	Passenger Vehicle	LA Vehicle	Number of Bicycles/Chairs Requiring A Wheel Chair Vehicle As of February 6, 2001
010 - Conklin	Brandon	96.65%	3.35%	3
025 - Herd	Brandon	96.28%	3.72%	20
045 - Madison	Brandon	95.23%	4.77%	3
061 - Benton	Brandon	93.65%	6.35%	4
063 - Lincoln	Brookhaven	93.90%	6.10%	5
079 - Wilkeson	Brookhaven	97.60%	2.40%	4
084 - Coahoma	Clarksdale	94.62%	5.38%	15
064 - Pontotoc	Clarksdale	94.06%	5.94%	3
040 - Quitman	Clarksdale	95.76%	4.24%	1
000003 Bellvue, E. & W.	Cleveland	86.91%	13.09%	40
067 - Subiawan	Cleveland	95.34%	4.66%	20
040 - Marion	Columbia	79.98%	20.02%	9
074 - Winfree	Columbia	90.56%	9.42%	2
064 - Leakes	Columbus	97.62%	2.38%	0
062 - Nodah	Columbus	100.00%	0.00%	0
062 - Akoni	Corinth	96.87%	3.13%	0
069 - Benton	Corinth	96.90%	3.10%	0
069 - Pontotoc	Corinth	99.40%	0.60%	1
070 - Tippah	Corinth	100.00%	0.00%	1
071 - Tishomingo	Corinth	96.85%	3.15%	1
076 - Washkayen	Greenville	84.57%	15.43%	42
027 - Humphreys	Greenwood	95.61%	4.39%	7
094 - Leflore	Greenwood	91.47%	8.53%	8
082 - Yazoo	Greenwood	97.70%	2.30%	8
022 - Etowah	Greola	88.12%	11.88%	17
068 - Tallapoosa	Greola	97.51%	2.49%	3
023 - Hancock	Gulfport	77.66%	22.34%	
024 - Harrison	Gulfport	86.14%	13.86%	
055 - Pearl River	Gulfport	71.72%	28.28%	
066 - Stone	Gulfport	81.86%	18.14%	
016 - Covington	Hall County	98.36%	1.64%	1
016 - Forrest	Hall County	91.67%	8.33%	10
033 - Jefferson Davis	Hall County	94.74%	5.26%	1
037 - Lamar	Hall County	75.71%	24.29%	2
017 - DeKalb	Holly Springs	97.77%	2.23%	3
036 - Lafayette	Holly Springs	95.22%	4.78%	0
072 - Tallapoosa	Holly Springs	98.17%	1.83%	3
069 - Tallapoosa	Holly Springs	99.29%	0.71%	1
072 - Tallapoosa	Holly Springs	96.88%	3.12%	1
073 - Union	Holly Springs	98.55%	1.45%	2
014 - Atala	Kosciusko	94.89%	5.11%	3
008 - Carroll	Kosciusko	94.93%	5.07%	8
026 - Holmes	Kosciusko	93.26%	6.74%	10

Chen County		July 1999												Total		July 2000												Total		% Increase	
007 - Chatham		0												0		0												0		0.00%	
009 - Chatham E		0												0		0												0		0.00%	
029 - Newton		0												0		0												0		0.00%	
041 - Lee		0												0		0												0		0.00%	
048 - Morton		0												0		0												0		0.00%	
058 - Pontiac		0												0		0												0		0.00%	
081 - Pontiac		0												0		0												0		0.00%	
083 - Pontiac		0												0		0												0		0.00%	
083 - Chatham, W		0												0		0												0		0.00%	
Totals		0												0		0												0		0.00%	
011 - Chatham		0												0		0												0		0.00%	
028 - Jackson		0												0		0												0		0.00%	
032 - Jackson		0												0		0												0		0.00%	
083 - Sharkey		0												0		0												0		0.00%	
075 - Warren		0												0		0												0		0.00%	
Totals		0												0		0												0		0.00%	
085 - Foster Children		0												0		0												0		0.00%	
Grand Totals		0												0		0												0		0.00%	

1372964

158539 14.91%

253062 58.69%

[illegible]

Client County	RO	Passenger Vehicle	LT Vehicle	Number of Buses/Car Using Private Car Vehicles As of February 6, 2001
004 - Jones	Laurel	98.51%	31.48%	9
009 - Lawrence	Laurel	95.40%	4.54%	3
014 - Simpson	Laurel	96.25%	3.75%	0
065 - Smith	Laurel	96.71%	3.29%	2
003 - Anolis	McCords	100.00%	0.00%	0
067 - Fox	McCords	99.53%	0.47%	0
012 - Clarke	Meridian	97.74%	2.26%	2
035 - Hopper	Meridian	100.00%	0.00%	0
038 - Lauderdale	Meridian	84.80%	25.20%	11
001 - Adams	Heldez	99.87%	0.13%	1
019 - Franklin	Natchez	100.00%	0.00%	0
031 - Jasper	Newton	76.05%	23.95%	7
051 - Newton	Newton	99.64%	0.36%	3
062 - Scott	Newton	99.67%	0.33%	0
006 - George	Pascagoula	88.43%	31.57%	2
011 - Greene	Pascagoula	87.95%	12.05%	3
030 - Jackson	Pascagoula	89.45%	10.55%	7
066 - Perry	Pascagoula	86.84%	13.16%	5
077 - Wayne	Pascagoula	84.57%	15.43%	14
040 - Irelko	Philadelphia	98.05%	1.95%	0
050 - Melchior	Philadelphia	98.65%	1.35%	0
060 - Watson	Philadelphia	100.00%	0.00%	0
010 - Choudaw	Shutville	97.53%	2.47%	1
013 - City	Shutville	90.73%	0.27%	1
049 - Montgomery	Shutville	97.04%	12.96%	6
053 - Orlanbaha	Shutville	97.93%	2.07%	2
078 - Webster	Shutville	94.76%	1.65%	1
007 - Calhoun	Tupelo	99.22%	0.78%	0
009/084 - Chickasaw, E & W	Tupelo	97.00%	3.00%	4
029 - Kawantha	Tupelo	98.08%	1.92%	0
041 - Lee	Tupelo	82.13%	6.87%	7
048 - Monroe	Tupelo	98.33%	1.67%	11
058 - Pontotoc	Tupelo	95.69%	4.32%	1
061 - Yachukha	Tupelo	95.36%	0.64%	0
011 - Claiborne	Vicksburg	93.76%	6.24%	4
028 - Issaquena	Vicksburg	90.63%	9.37%	2
032 - Jefferson	Vicksburg	99.42%	0.58%	3
063 - Sharkey	Vicksburg	93.10%	6.90%	2
075 - Warren	Vicksburg	84.57%	15.43%	8

NET POLICY AND PROCEDURE MANUAL

Division of Medicaid
Bureau of Compliance
and Financial Review

Section: —4.0—
(Under Revision)

Subject: Arranging NET Services for Medicaid Beneficiaries

If a Medicaid eligible individual or his/her responsible party is dissatisfied with a decision by the Division of Medicaid or an NET provider to deny transportation services as described above, s(he) may contact the director of DOM to arrange a hearing. (See Attachment 13. Administrative Hearing Procedures for Clients Denied Non-Emergency Transportation Services.)



Administrative Hearing Procedures For Clients Denied Non-Emergency Transportation (NET) Services

Administrative hearings shall be available to any client who requests it because he or she believes the agency has erroneously taken action to deny non-emergency transportation (NET) services.

A request for a **hearing** must be made **in writing by** the claimant or claimant's legal representative. "Legal representative includes the claimant's authorized representative, an attorney retained by the claimant or claimant's family to represent the claimant, a paralegal representative with a legal aid services, a parent of a minor child if the claimant is a child, a legal guardian or conservator or an individual with power of attorney for the claimant. The claimant may also be represented by anyone that he or she so designates but must give the designation to the Medicaid state **office in writing**, if the person is not the legal representative, legal guardian, or authorized representative,

The claimant may make a request for a hearing in person at the local office which denied NET services to the claimant but an oral request must **be** put into written form. Local office staff will assist **the** claimant in completing and signing the appropriate form. Local office staff will forward the request to the NET services coordinator of the state Division of Medicaid office or **the** claimant may mail **the** form to the address listed on the form. **The** claimant may **make** a written request for a hearing by letter. **A** simple statement requesting **a** hearing that is signed **by** the claimant or legal representative is sufficient; however, if possible, **the** claimant should state the reason for the request. The letter should be mailed to the state Medicaid office or the local office which will forward it to the state Medicaid office. **A** hearing will not be scheduled until a letter or the appropriate form is received by the state Medicaid office.

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1 Arranging NET vices for Medicaid Beneficiaries

When both members of a couple wishes to appeal the denial of NET services, one or both may file the request for hearing, both may present evidence at the hearing, and the agency's decision will be applicable to both. If both file a request for hearing, two (2) hearings will be registered **but** they will be conducted on the same day and in the same place, either consecutively or jointly, as the couple wishes. If they so desire, only **one** of the couple need attend the hearing.

The procedure for administrative hearing for denial of NET services shall be as follows:

- (A) The claimant has thirty (30) days from the date the local office mails the appropriate notice to the claimant of its denial of NET services to request a hearing. This time period may **be** extended if the claimant can show good cause for not filing within thirty (30) days. Good cause includes, but may not be limited to, illness, failure to receive the notice, being out of state, or some other reasonable explanation. **If** good cause can **be** shown, a late request may **be** accepted provided the facts in the case remain the same. If good cause for filing a request **beyond** thirty (30) days is not shown, a hearing request will not be accepted.
- (B) Upon receipt **by** the NET services coordinator of a written request for a hearing, the request will be acknowledged in writing within twenty (20) days of receipt by the state Division of Medicaid office and a hearing schedule. The claimant or representative will be given at least five (5) days' advance notice of the hearing date. Generally, hearings will be held at the **local** office.
- (C) All persons attending a hearing will attend for the purpose of giving information on behalf of the claimant or rendering the claimant assistance in some other way. or for the purpose **of** representing **the** local office which made the determination to deny NET services.
- (D) **A** hearing request may be withdrawn at any time before the scheduled hearing, or after the hearing is held but before **a** decision is rendered. The withdrawal must be in writing and signed by the claimant or representative. **A** hearing request will be considered abandoned **if** the claimant or representative fails to appear at a scheduled hearing without good cause. **If** no **one** appears for **a** hearing, the state Medicaid office will notify the claimant in writing that the hearing is dismissed unless good cause is shown for not attending.
- (E) When a request for a hearing is received in the local office. the request will be made part of the case record and the local office will prepare the case record and forward it to **the** NET services coordinator of the state Medicaid office within five (5) days of receipt of the hearing request. **A** request for a hearing received in the

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Subject: *Arranging NET Services for Medicaid Beneficiaries*

state Medicaid office **will** be forwarded to the local office for inclusion in the case record and the local office will prepare the case record and forward it to the NET services coordinator of the state Medicaid office within five (5) days of receipt of the hearing request.

- (F) Upon receipt of the hearing record by the NET services coordinator of the state Medicaid office, an impartial hearing officer **will** be assigned to hear the case either by the Executive Director of DOM or his or her designee. Hearing Officers will be individuals with appropriate expertise employed by DOM and who have not been involved in any way with the decision on **appeal** in the case. Hearing officers shall have the powers designated to them by Miss. Code Annotated §43-13-121, 1972, as amended. The hearing officer will review the case record and **if** the review shows that an error was **made** in the action of the local **office** or in the interpretation of policy, or that a change of policy has been made, the hearing officer will discuss these matters with the appropriate local office personnel and request that **an** appropriate adjustment be made. Appropriate local office personnel will discuss the matter with the claimant and if the claimant is agreeable to the adjustment, then local office personnel will request in writing dismissal **of** the hearing and the reason therefore, to be placed in the case record. If the hearing is to go forward, it shall be scheduled by **the** hearing officer in the manner set forth in this paragraph (5).
- (G) The claimant or his representative has the following rights in connection with a hearing:
- (a) The right to examine at a reasonable time before the date of the hearing and during the hearing **the** content **of** the claimant's case record;
 - (b) The right to have legal representative at the hearing and to bring witnesses;
 - (c) The right to produce documentary evidence and establish all facts and circumstances concerning the denial of NET services;
 - (d) The right to present an argument without undue interference;
 - (e) The right to question or refute any testimony or evidence including an opportunity to confront and cross-examine adverse witnesses.
- (H) In conducting the hearing, the hearing officer will inform those present of the following:
- (a) That the hearing will be recorded on tape and that a transcript of

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- the proceedings will be typed for the record;
 - (b) The action taken which prompted the appeal;
 - (c) That the purpose of the hearing is for the claimant to **express** dissatisfaction and present additional information or evidence;
 - (d) That the case record **is** available for review by the claimant or representative during the hearing;
 - (e) That the final hearing decision will be rendered by the Executive Director of DOM on the basis **of** facts presented at the hearing and the case record and that the claimant and the local office will be notified by letter of final decision.
- (I) During the hearing, the claimant and/or representative will be allowed an opportunity to make a full statement concerning the appeal and will be assisted, if necessary, in disclosing all information on which the claim **is** based. All persons representing the claimant and those representing the local office will have the opportunity to state all facts pertinent to the appeal. The hearing officer may recess or continue the hearing for a reasonable time should additional information or facts **be** required. When all information has been presented, the hearing officer will close the hearing and stop the recorder.
- (J) Immediately following the hearing the hearing tape will be transcribed and a copy of the transcript filed in the case record. As soon as possible, the hearing officer shall review the evidence and record of the proceedings, testimony, exhibits, and other supporting documents, and prepare a written summary of the facts as the hearing officer finds them, and prepare a written recommendation of action to be taken by DOM and the local office, citing appropriate policy and regulations that govern the recommendation. The decision cannot be based on any material, oral or written, not available to the claimant before or during the hearing. The hearing officer's recommendation will become part of the case record which will **be** submitted to the Executive Director of DOM **for** further review and decision.
- (K) The Executive Director of DOM, upon review of the recommendation, proceedings and the record, may sustain the recommendation of the hearing officer, reject the same, or remand the matter to the hearing officer to take additional testimony and evidence, in which case, the hearing officer thereafter shall submit to the Executive Director a new recommendation. The Executive

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Director shall prepare a written decision summarizing the facts and identifying policies and regulations that support the decision, which shall be mailed to the claimant and the representative, with a **copy** to the local office **as soon as** possible after submission of a recommendation **by the** hearing officer. The **decision** notice will specify any action to be taken by the local office and/or DOM **or** the claimant. The decision rendered **by** the Executive Director of DOM is final and binding. **The** claimant is entitled to seek **judicial** review in **a** court of proper jurisdiction.

- (L) DOM must take final administrative action on a hearing within **ninety (90) days** from the **date of** the initial request for a hearing.

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Subject: *Complaints*

Section: 8.0
(Under Revision)

Complaints

Complaints regarding any aspect of the NET program are handled by the **BCFR** NET staff. The BCFR NET staff take all complaints seriously and **make** every effort to address and resolve them.



Complaints may be registered by any party such the NET coordinators, the RO supervisors, the BE state staff, the beneficiaries, advocates of the beneficiaries, NET providers, medical providers, the Governor's office, members of the legislature, and the public at large.

Historically, complaints received by BCFR NET staff have been lodged against the NET providers or the NET coordinators. However, complaints **have** also been received against beneficiaries or against DOM for NET policies and procedures.

Coordinators should **make** no comments to the media about complaints or anything about the NET program. Those inquiries should be referred to the Regional Office Supervisor. **Also**, coordinators should **make** no comment concerning any law suits of **legal** action involving the Division of Medicaid.

Complaints Against NET Coordinators

From time to time, **BCFR** NET staff receive complaints against NET coordinators. When such complaints are received, the BCFR NET staff forwards the complaint to the Branch Director for resolution. The Branch Director investigates the complaint by talking with the complainant about his/her concerns to determine if the cause of the complaint is actually due to action or inaction on the part of the coordinator. The BCFR NET staff considering, for example, that the complainant's concern may be based on a misunderstanding of the responsibilities of the coordinator or the complaint is valid, but is not caused by the coordinator. When the investigation **appears** to substantiate the complaint **against** the coordinator, the BCFR staff contacts the appropriate RO supervisor. **If** this discussion verifies that the coordinator is responsible for the cause of the complaint, the RO supervisor works with the coordinator to address and resolve the complaint. If the information from the RO supervisor and the coordinator conflicts with the information from the complainant, the BCFR staff continue to investigate the complaint to determine its true cause and resolution.

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Subject: *Complaints***

**Section: 8.0
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Complaints Against NET Providers

Complaints may be lodged against both individual NET providers and group NET providers. The process for handling complaints is the same for both in **that the** complaint is processed according to the provisions in the NET provider agreement. against individual providers is a simpler process, as they have fewer requirements to meet **as** providers than do group NET providers.

Complaints Against NET Individual Providers

BCFR addresses complaints against NET individual providers to ensure the provision **of** adequate levels of NET services by these providers to Medicaid beneficiaries. The following process had been implemented by BCFR to address such complaints.

1. Upon receipt **of** a complaint a complaint file is opened, and a complaint number is assigned. BCFR **makes** every attempt to obtain a complaint in writing, but tack of **a** written complaint does not limit the investigation.
2. The BCFR NET staff interviews the complainant **by** telephone or letter to secure the details of the complaint. Other parties **who** have knowledge of the circumstances of the complaint may also be interviewed.
3. The BCFR NET staff then writes a letter of inquiry to the individual provider against whom the complaint is being made to request an explanation of events, or other appropriate information. The provider is required to **respond** in writing to the BCFR NET staff within fifteen (15) days of the date of receipt of the letter **of** inquiry **as** verified by a certified mail receipt. In some cases, a telephone call may also **he** made to the individual provider in cases of immediate and serious concern. Failure by the provider to respond, except for good cause shown, may result in his suspension from participation in the program until such time as the inquiry has been answered to the satisfaction to the BCFR NET staff.
4. Upon receipt and review of the response **from** the individual NET provider, the BCFR NET staff issues a **letter** advising the provider whether or not the complaint has been substantiated. If the complaint is substantiated, the letter will indicate the severity of the substantiated complaint.

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- 5. If the complaint is substantiated, the provider has fifteen (15) days to respond in writing to DOM. Failure to respond within fifteen (15) days may result in suspension of the individual provider from participation in the Medicaid program.

- 6. If the discussion reveals that the complainant's concern is warranted, the BCFR staff ensures that the provider understands the NET program policy and/or procedures which have been violated and advises the provider of the steps which must be taken to correct the problem and avoid it in the future. Also, the BCFR NET staff will take any punitive action necessary to address inappropriate actions on the part of the individual NET provider substantiated **by** the complaint including probation **and/or** termination.

Complaints Against NET Group Providers

Group providers are required to operate in accordance with all policies and procedures outlined in the group NET provider contract (the contract), the NET provider manual, and all other applicable state and/or federal laws, rules, and regulations. The BCFR NET staff monitors the operations **and** level of service provided to beneficiaries by group NET providers in part through both on-site reviews and **by** monitoring complaints against the provider. In order to ensure the integrity of the NET program, the BCFR has established sanctions which may be imposed upon group NET providers based on the severity of complaints/problems substantiated against the providers. The Bureau Director (the Director) of the BCFR appoints the BCFR Sanction Committee (the Committee) to make decisions concerning complaints and sanctions.

Complaint Process

The BCFR NET staff monitors the group NET providers to ensure adequate levels of NET services to Medicaid beneficiaries. The following process **has** been implemented by the BCFR to address this issue.

- A. Upon receipt of a complaint a complaint file is opened, and a complaint number is assigned. The BCFR Net staff makes every **attempt** to obtain a complaint in writing, but lack of a written complaint does not limit the investigation.

- B. Complaints are ranked as follows:

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- ° Major - a major complaint is a complaint which immediately causes or has the potential for causing harm to a beneficiary or directly impacts the beneficiary's access to her medical appointment.
 - ° Secondary - a secondary complaint does not cause ~~nor~~ has the potential for causing harm to a beneficiary and does not directly impact the beneficiary's access to her medical appointment. Generally, these complaints involve administrative requirements set forth in the contract.
- C. If the BCFR NET staff receives a major complaint, the staff makes an official inquiry of the provider by phone. This complaint is also forwarded to the provider in writing and is mailed certified with a return receipt requested. The provider ~~has~~ twenty-four **(24)** hours after ~~the~~ phone call to respond to the BCFR in writing ~~by~~ fax with the explanation of the circumstances regarding the complaint.
- D. Upon receipt of the response from the group NET provider, the BCFR staff investigates the complaint to substantiate its validity. If the complaint is substantiated, the BCFR NET staff notifies the provider ~~in~~ writing, and such notice will be mailed certified with a return receipt requested. The provider ~~must~~ submit a corrective action plan (**CAP**) outlining the steps to be taken by the provider to ensure that the circumstances regarding the complaint do ~~not~~ reoccur. The CAP must be submitted to the BCFR Net staff in writing within two **(2)** business days of the date of receipt of the letter of inquiry as verified ~~by~~ a certified mail receipt. In the event two substantiated major complaints are received that involve a single beneficiary, that beneficiary is assigned to either the alternate provider serving that region or an individual NET provider. ~~In~~ addition, on a case-by-case basis, the BCFR may impose additional sanctions on the provider. In the ~~event~~ a substantiated major complaint resulted in the death or serious physical injury of a beneficiary, the BCFR may initiate contract termination proceedings.
- E. If the BCFR NET staff receives a secondary complaint, the staff will make an official inquiry of the provider in writing. All inquiries ~~will~~ be mailed certified with a return receipt requested. The provider is required to respond in writing to the BCFR NET staff within 15 days of the date of receipt of the letter of inquiry as verified by a certified mail receipt with ~~an~~ explanation of the circumstances

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regarding the complaint. In some cases, a telephone call **may** also be made to the group provider if immediate action on the part of the provider is required

Upon receipt of the response from the group NET provider, the BCFR NET staff investigates the complaint to substantiate its validity. If the complaint is

substantiated, the provider has 15 days to respond in writing to the Division with a corrective action plan (**CAP**). The BCFR staff approve or disapprove the **CAP**, providing notification of the decision to the group NET provider.

If a group NET provider has four or more substantiated complaints during any four month period, or if the same substantiated complaint occurs two or more times during any **six** month period, the BCFR may impose sanctions on the provider.

Items That May Result in Complaints

The group NET provider is responsible for the provisions as outlined in the group NET provider contract (the contract), the NET provider manual, and all other applicable state and/or federal laws, rules, and regulations. The **BCFK** considers any failure on the part of the group NET provider to adhere to these terms and provisions to be a violation of the contract.

The BCFR NET staff will remain objective in the substantiation of any violation **of** NET policy and procedure, contract requirements, applicable regulations and **laws**, etc. by a group NET provider. The staff considers any mitigating circumstances which **may** lessen the severity of the violation. The severity of the non-compliance **will be** determined by the potential for harm to the beneficiary, or the NET program, or the Medicaid program. Complaints may include but are not limited to the following:

Major Complaints

The following complaints **are** considered as **a** major complaints:

1. Indictment for actions resulting in death or injury to any person including but not limited to beneficiaries and/or their attendants.

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2. Engaging in a course of conduct or performing an act deemed improper or abusive to **the** Medicaid program or the NET program.
3. Transportation in vehicles which are not designed to allow appropriate entry and exit capabilities to meet the physical need(s) of the recipient in accordance with **ADA**;
4. Failure to transport a recipient to or from a medical appointment for which such services were pre-arranged through a NET coordinator.
5. Failure to ensure that vehicles are both **clean** and roadworthy during any transports of Medicaid beneficiaries.
6. Operating a vehicle in violation of state, federal, and local regulations to include but not limited to minor traffic violation(s), reckless driving, driving under the influence of intoxicants or **any** drug and/or medication which **may** impair the driver's ability to **safely** transport the beneficiaries.
7. Mistreatment of beneficiaries and/or their attendants including, but not limited to, verbal, physical, or sexual abuse.
8. Exclusion from Medicare or Medicaid because of fraudulent or **abusive** practices.
9. Failure to respond in writing to the BCFR regarding any inquiry within the time frame specified, unless good cause has been approved **by** the BCFR..

Secondary Complaints

The following complaints are considered as a secondary complaints:

1. Failure **by** the group NET provider to respond, **except** for good cause shown, to a letter of inquiry regarding a secondary complaint.
2. Charging Medicaid more for a one-way trip than charged to other parties

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for the same service.

- 3. Failing to disclose or make available, upon request, to DOM or its authorized representatives records of services provided to a Medicaid beneficiary.
- 4. Presenting or causing to be presented for payment any false or fraudulent claims for NET services.
- 5. Submitting or causing to be submitted false information for the purpose of obtaining a contract to become a NET provider, or **to** renew a NET contract.;
- 6. Submitting or causing to be submitted false information **as** the result of a request for information from the BCFR, the State Department of Audit, or any other organization identified as appropriate by DOM or any of their duly authorized representatives.
- 7. Failure to correct deficiencies in provider operations or accounting contractual requirements after receiving written notice of these deficiencies from DOM.
- 8. Failure to pay or ~~make~~ arrangements for the repayment ~~of~~ identified overpayments or otherwise erroneous payments to the State, beneficiaries, or responsible person(s).
- 9. Providing any inducement to beneficiaries and/or their attendants, medical providers and/or their staff, public officials, or any staff of DOM, or any other parties which would cause or attempt to cause a beneficiary *to* receive service(s) from a certain NET provider and/or prevent another NET provider from receiving service requests from the NET coordinator(s).
- 10. Failure to meet standards required by state or federal law for participation (e.g. licensure, vehicle inspections).

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11. Suspension or termination from participation in another governmental transportation program.
12. Breaching the terms of the Medicaid NET provider agreement.
13. Violating any state or federal provision of the Title **XIX program** or any rule or regulation pertaining to Title XIX.
14. Submitting a false or fraudulent application %o provider status;
15. Being convicted of a criminal offense relating to performance of a provider agreement with the State;

Imposition of Sanctions

The degree of sanction taken **by DOM** will depend upon the degree of corrective action taken by the provider and the willingness of the provider to correct deficiencies.

- A.** The following factors shall be considered in determining the sanction(s) to be imposed:
- I. Seriousness of **the** offense(s).
 - 2 Extent of the violation(s).
 - 3 History of prior violation(s).
 - 4 Prior imposition of sanction(s).
 5. Prior provision of provider education.
 - 6 Provider willingness to obey program rules.
 7. Whether a lesser sanction will be sufficient to remedy the problem.

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- 8 Degree of cooperation and assistance of the NET group provider with the BCFR NET staff to facilitate the investigation and corrective action.
- B. The BCFR considers any violation which involves the direct or immediate threat to the safety or liability of a Medicaid beneficiary **or** to the integrity of the Medicaid program to **be a** serious violation. Any sanction will result in a moratorium on all contract changes desired by **the** provider until the end of the sanction period. Depending upon the severity of the complaint and **the** degree of responsiveness of provider's CAP, the following types of sanctions may be invoked **against providers** based on the grounds of substantiated complaints:
1. Withholding and/or recovery of payments to a provider.
 2. Probation.
 - (a) The provider will be placed **on** probation for one-half of the sanction period to begin the day after the end of the suspension.
 - (b) Any provider placed on probation may be subject to announced and unannounced visits at the discretion of the Bureau Director.
 3. Referral to the Program Integrity Unit of DOM;
 4. Referral to the appropriate federal **or** state legal agency(ies) for prosecution under applicable federal or state laws.
 5. Termination from participation in the NET program.
- C. The BCFR NET staff may **impose** sanction(s) on any **group** NET provider for substantiated non-compliance as determined by the Committee. The imposition of sanctions, the different types of sanctions, and the scope of sanctions are considered by the Committee for each violation. The decision as to the sanction to be imposed is **at** the discretion of the BCFR NET staff upon the approval of the **Executive** Director of DOM. The Executive Director **makes the** final decision to terminate a contract with an NET group provider.

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The group NET provider is notified in writing of the imposition of any of the above sanctions, and of his right to an administrative appeal

Scoue of Sanction

- 1. **A** sanction may be applied to all known affiliates of a provider. Affiliates include, but are not limited to, other NET providers owned in full or **part** by any owner(s) of the provider and any subcontractors of the provider that have been approved by the Division to provide NET services under the provider’s contract agreement. Each decision to include an affiliate **will** be made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The violation, failure or inadequacy of performance may be imputed to a person with whom the provider is affiliated where such conduct was accomplished within the course of his official duty **or** was effectuated by him with the knowledge *or* approval of such **person**.
- 2. Suspension or termination from participation in the NET program of any group NET provider or affiliate of such provider precludes such provider from submitting claims for payment, either personally or through claims submitted **by** a clinic, group, corporation or other association to the Division for any services provided subsequent to the suspension **or** termination.
- 3. No facility, group, corporation or other association which is **a** provider of services may submit claims for payment to DOM for any services provided by a person within such organization who has been suspended or terminated from participation in the Medicaid program **except** for those services provided prior to the suspension or termination.

Suspension or Withholding of Payments Pending a Final Determination

Whenever a group provider has been sanctioned by withholding or recovery of payment, the following rules will apply.

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- A. Where DOM has notified a provider **of** a violation regarding an overpayment, payments may be withheld on pending and subsequent entitlements in a specified amount, or payments may be suspended pending a final determination.

- B. Where DOM intends to withhold or suspend payments, it **shall** notify the **provider** in writing and shall include a statement of the provider’s right to request formal review of such decision, if appropriate.